2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

216

Washington
(If outside city or town limits, write RURAL and give nearest town)

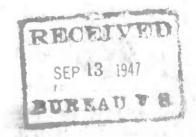
1824 Belmont Road, Northwest (If rural, give LOCATION)

information carefully of death clearly and BINDING FOR MARGIN RESERVED

PLEASEWRIT

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: County Montgomery City or town Ethesda (rural) City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 mo. 26 days Hospital, Institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Maryland How long in hospital or institution? 1 mo. 26 days	2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of moth State
3.(a) FULL NAME ANDERSON, James	3
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERT
8. (b) Mame of husband or wife	21. I CERTIFY that death occurred on the date above st 7-9- 19. 47 and that I last saw h LM alive on 9-4- Immediate cause of death Due to CARCAMOMA Due to
12. Name Joseph Anderson 13. Birthplace Scotland, demeased 14. Maiden name Charlotte Proetor 15. Birthplace Ireland, deceased 16. Informant Wife: Mrs. Genevra Anderson Address 1824 Belmont Rd., NW, Wash., D. C.	(Include pregnancy within 3 mont Major findings of operations. OBS TRUCT Antopy results. C.A., RECTUM PHYSICIAN: Please underline the cause to which
Burial Oate thereof. (month) (day) (year) Cemetery or crematory. Arlington National Cemetery Location. Arlington, Virginia 18. Funeral director. Joseph Gawler seph family Address 1756 Penn. Ave., AW, Wash., D. C. 19. (Date rec'd by registrar)	22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide

0	3. (b) S	ocial Security	Number
MEDICAL	CERTIFIC	CATION	
20, DATE OF DEATH	ber	19.47	.a.7.235 E
21. I CERTIFY that death occurred on the date	1947, to	9-4-	19
and that I last saw himalive_on	9-4-		19L
mmediate cause of death			DURATION
METASTATIC	CARCI	Koma	
Due to CARCINOMA	Rec	TUM	8. 7
		p	
lue to			2
Ither conditions			•••••
(Include pregnancy withli	n 3 months of de	ath)	^ .
Major findings of operations OBS TR			od
Antopsy results	~^^	Oate ot op	
22. VIOLENCE: If death was due to external			of the state of th
Accident, suicide, or homicide			
Where did Injury occur?(City or tow	vn) (County)	(State)
ulaica at name! samil tuanatili bas e biase	, , , , , , , , , , , , , , , , , , , ,	ured at work?	



WITH UNFADING INK. Supply every item of information carefully. No correct age important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 216

How long in above place	tgomery ethesda (r outside city or town 1 s of death? 23	days	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	earest town)
U. S. Nav	r street address where al Hospita r Institution?	l, Beth	nesda, Maryland	Street No. 1235 Pennsylvania Avenue, Son (If rural, give LOCATION) 2.(a) If veteran, name war	itheast \checkmark
3. (a) FULL NAM				3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white		married	20. DATE DF DEATH 28 September 19 47	.7:23 P
	or wife Josep			21. I CERTIFY that death occurred on the date above stated; that I affended de 9-5-	ceased from
7. Birth date of			e) If alive, give ageyears	and that I last saw h im alive on 9-28-	19.47
deceased (mo., day, 8. AGE: Year	s Months	mber 19	If less than one day	Acute Repatitis 9 Cin Losso	Ryatitis 12 contains
10. Usual occupation. 11. Industry or busines HIVA 12. Name	Washington Elizabe Washingt	Guide dent chison , D. C th Goraon, D.	nley C.	Due to Other conditions Apalo Alace S. y. nclume for the conditions of the condi	welfin
		-	ne Atchison Washington, D. C.	PHYStCIAN: Please underline the cause to which death should be charge	d statistically.
17buria (Burial, cremation	l n, or removal. Which? ory Arling	Date ther ton Na	eof. 10 2 47 (month) (day) (year) tional Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Leasting A	rlington,	Virgin	ia	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Walsh Fune	ral Ho	me .Q.4.7. ashington, D. C.	Meens of injury S F Kauman S. F. KAURMAN, LTJG MC US	NR
	919 4 7	-1	01 /16 0-11		, or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			7	4	7
Reg.	Diat.	No.	K	~	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Man+9 ameky	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State X in 9 m i co County
How long in above place of death? 3 days	(If outside fity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
Washington Sanitanium + Hosgitai	(If rural, give LOCATION)
How long in hospital or institution? 3.days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Bailey, Mis. Neta B.	
4. Sex / 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Married	20. DATE OF DEATH Supt. 30, 1947, 214:22 P. M
8.(b) Name of husband or wife M.A. R. D. Bailey	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Sept. 27, 1847, 10, Sept. 30, 1847
7. Sirth date of deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and that I last saw h. LAL alive on
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate oguse of death DURATION
12 2 10	Pulmanary embolism
8. Birthplace Rilsy Ville Virginia Jan 194	Due to Cardia - Vassylan remal
10. Usual occupation House wife	
11. Industry or business Own home	Due to
	Diher conditions Diabetes mulliture ?
12. Hame Ned Deavers 13. Sirthplace Riley Ville, Virginia	(Include pregnuncy within 8 months of death)
14. Malden name Many Belle	
14. Malden name M. Q. n. y B. e. II. e	Major findings of operations Apparathle and Added
	Date of op. 9-29-47
16. Informant Wash 24 an Sanitanium + Haspital	Autopsy results
Address / O Koma Pank	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Cernoval Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory & Stabley Turners Lowe	
Content of Cremetory of Cremeto	Where did injury occur?
Location Luxay Virginia	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address VS4 Cause St. New) Aubjord Parky D. A.	POY Stand mon
" Bot I was Filliam a Politic	23. SIGNATURE and Stary M.D. or other
19. (Date rec'd by registrar) Registrar	Address Takes Md. Delegand 9-30-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore 13100 CERTIFICATE OF DEATH

08092 Reg. Dist. No. 216

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Trantgornery	State D. C. County Triang Lower L
City or town	
How tong in shave nigre of death? Styles. 4-7-4-7	(If outside city or town innits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Buburban Hos 8600 Old Scovaetowing Ra	Potreet No. 602/ Western Ave M.W.
How long in hospitat or institution?	(If rural, give LOCATION)
3.(a) FULL NAME	2.(a) If veteran, name war
	3. (b) Social Security Number
4. Sex 5. Color or race 6.6495inste, married, widowed as dispersed.	ES
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced.	MEDICAL CERTIFICATION
m w	20. DATE DE DEATH September 12.198 79 21 N
6.(b) Name of husband or wife 5.1. S. B. N. M. C.S.	21. I CERTIFY that death occurred on the date above stated; that J ettended deceased from
	18/1 7-1147 18 10/2011/2 19/11/
7. Birth date of Sept 3 100 H	end that I last saw h. Alon alive on
deceased (mo., day, yr.) Spt. 3, 18 (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death. Orehal harvorkage DURATION
24 12	Wanie -
97 9 1 1hrsmin.	
9. Birthplace	Due to. Carlie . Varcing
10. Usual occupation Commission Merchant	anear
	Due to
11. Industry or business	
12. Name To have the Target 13. Birthplace	Bither conditions
	(Include pregnancy within 8 months of death)
14. Malden name Maitha Jung 15. Birthplace	Major findings of operations.
≥ 15. Birthplace	Date of op.
18. Informant Trop records	Antopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burnal 2011, 15, 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremstion, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rock Crick Cemetery	Where did injury occus?
Location Washington DE.	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. W alen Taltavull	Means of injury injured at work?
3(16. 11 60 ch 1 1 ld 11 at 1	011, 60, 1. (111)
Address Spig 14 81. N.V. Wast 10, DC	23. SIGNATURE Sawno 4 Seeker aller
19. (Date reed by registrar) 1977 Min E Grant Registrar	Address 5 7/3. 16 th Staw. M. D. of where 9.12. 47
(Date reed by registrar) Registrar	Address 5 1/3:16 th 24 NW. Date signed 9:12. 97

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2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

eg. Diat. No. 2/6

CLIK	THICHIE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HON	ME) OF DECEASED:
county Montgornery	(For newborn infants give resid	
City or town	1 state MAY 3 land	
(If outside city or town limits, write RURAL and give nearly low long in above place of death?	City or town	Whimits, write RURAL and give nearest town)
How long in above place of death?		
8600 Old George	Street No. (If rus	ral, give DOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
17 June 111:11: 120	1 × × × × × × × × × × × × × × × × × × ×	
4. Sax 5. Color or race 6.(a)Single, married, widowed, or	r divorced MEDIC	AL CERTIFICATION
		di
MARRIED MARRIED	20. DATE OF DEATH Sept.	ery ber 1479 47, 213
6.(b) Name of husband or wife ACAE L. BAY M	21. I CERTIFY that death occurred on the	date above stated; that I attended deceased from
	Lef med 50	219
7. Birth date of	and that I last saw halive on	
deceased (mo., day, yr.) reb., 22, 1863	Immediate cause of death	etral edun DURA
8. AGE: Years Months Days If less than one d	College 1 h	ff tang
84 / 22hrs.	min. January	harture of 3a
9. Birthplace Montgown evy Co, My (Town, county, and atath)	Md, left al	
10. Usual occupation Carpenter	March to	ton
11. Industry or business	Due to	
	105	· D below
12. Name Barry 13. Birthplace ryont govnery Co	Dther conditions	00
El 13. Birthpiace TV OVI F GOVVI EV III	(Include pregnancy	within 3 months of death)
E 14. maiden name	Major findiags of operations	
\$ 15. Birthplace Montgornery Co.	· ·	Date of op.
18. Informant CHARLES T BARNES	Actorsy results.	a store
	PHYSICIAN: Please underline the car	see to which death should be charged statistically.
Address 710 SILVER SPRING HUE SILVER	22. VIOLENCE: If death was due to ex-	ternal causes, fill in the tollowing;
17 Bugin cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	day) (year) Accident, suicide, or homicide.	circlent Date of 9-11. &
Cemetery or crematory COLESVILLE METHODIST C		y Chee monto mo
		place (where?) (County) (State)
Location COLESVILLE MONTG CO. M.	1 at 11	
18. Funerat director Warne & Pumphrey	Msans of Injury Much, T	1 bran : Injured at work?
Address SILVER SPRING- 1710.	Ana 1	1. Browhart ma.
2 5 1	23. SIGNATURE	M. D. or other
18. 9/67 18. 7 7 Mm &	obes y	
(Date rec'd by registrar)	Registrar Address Cunhung	Date signed 9- 13

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SEP 19 1947

BUREAU V 8.

2411 N. Charles St., Baltimore

	CERTIFICA	TE OF DEATH Reg. Dist. No. 210
1. PLACE OF DEATH: County Montgomery City or town. Bethesda (rural) (If outside city or town limits, write How long in above place of death? 1 mo 24 of Hospilal, institution, or street address where death occur U. S. Naval Hospital, Bet	chesda. Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. Stale Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 39h1 1st Street, Southwest (If rural, give LOCATION)
How long in hospital or institution? 1 mo 2)	days	2.(a) It veleran, name war.
3.(a) FULL NAME BARRETT, Alice		3. (b) Social Security Number
female 5. Color or race 6.(a)Si	married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 14 September 19 47 ,21 8:45 P
7. Birth date of deceased (mo., day, yr.) 23 November	6.(c) If alive, give age52years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-21- 19. 117 10. 127 11. 127 12. Immediate cause of death QURATION
8. AGE: Years Months Days 22 9. Birthplace New York, New York, are Housewife Housewife	If less than one day hrs. min. prk d state)	Burnia 3 who Burnia 3 while bue to Caused weeking kiling damage while Due to Caused weeking to 10/29/47 a.5
11. Industry or business 12. Name Wallace Johnston 13. Birthplace Prince Edwards 14. Maiden name Anna Oneal 15. Birthplace Ireland	Sland, Canada	Other conditions
16. Informant Husb: Mr. Otto C. Address 3941 1st St., SW, 17. burial Date to (Burial, cremation, or removal, Which?) Cemelery or crematory Arlington Nate Location Arlington, Virginia 18. Funeral director S. H. Hines Co. Address 2901 14th St. NW, Was 19. 4-14-47	Washington, D. C. hereot 9 47 (month) (day) (year) cional Cemetery dec Addi. ashington, D. C	Actopsy resolts PHYSICIAN: Please onderline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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Charles I had be a "William.

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SEP 19 1947

BUREAU # 8

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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			OBIGINI TON	Reg. Dist. No	
1. PLACE OF DE	ATH: tgomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	-
City or town. Takoma Park (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred:			4915 - 16th Street N.W.		
Mrs.Seymo	ur's Rest	Home	***************************************	Sireet No	/
How long in hospital o	or Institution?			2.(a) If veteran, name war	
3. (a) FULL NAM	E K	RISTIA	VA G. BERGENDAHL	3. (b) Social Security No	umber
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Fema le	White	Wic	lowed	2D. DATE OF DEATHSEPTEMBER 29, 19 47	8:05/
8.(b) Name of husband 7. Birth date of deceased (mo., day,	Senter		n Bergendahl t) If allve, give ageyears , 1868	21. I CERTIFY that death occurred on the date above stated; that I attended decease 8/14/47 19 to 9/29/47 and that I last saw Ne. I alive on 9/29/47 Immediate cause of death. Heart fall like	19
8. AGE: Year 79		Days	If less than one dayhrsmin.		24 h45
9. Birthplace Norway (Town, county, and state) 10. Usual occupation None - Retired 11. Industry or business			1	with decompensation, senile.	4 mos.
12. Name			ransen	Other conditions	****************
H 14. Malden name. ? Gulbransen			ransen	(Include pregnancy within 3 months of death) Major findings of operations	med
15. Birthplace Norway 16. Informant Mr. Niles T. Severin Address 4915-16th St.N.W., Washington, D.C.			***************************************	Acterosclerosis, cerebral an Antopsy results Generalized - Mitral Sto. PHYSICIAN: Please underline the cause to which death should be charged sta	d nos is
11. Burial Bate thereof October 1, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. Bate thereof October 1, 1947				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Hatural Bate of Where did injury occur? Causes. (City or town) (Connty) (State)
Location Chicago, Illinois 18. Funeral director. Montain Works 1300-N Street N.W., Mach. D.C.			Typona 60.	Injured at home, farm, industry, public place (where?) Means of injury 23. SIGNATURE	
19. (Date rec'd by re	29 19 47 egistrar)	1/2	/////////Registrar	Address 52/3-14 St. 7. W. O. C Date signed T.	129/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			Kog. Dist. No.	1010000
V. PLACE OF DE	ntgomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Bethesda (rumal) City or town		nits, write RURAL and give nearest town)	State Virginia County Arlington City or town Arlington (If outside city or town limits, write RURAL and give nearest town)	
		death occurred: Bethesda, Maryland	Streel No. 106 South Courthouse Road (If rural, give LOCATION) 2.(a) It veteran, name war.	/
3. (a) FULL NAM			3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white	widowed	20. DATE OF DEATH 6 September 19 47 .211:10	DAı
			21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8-25- 19. 47, to 9-6- 19.	1.7
7. Birth date of deceased (mo., day,	7 Man		and that I last saw h. er alive on 9-6-	
8. AGE: Year 76	rs Months	Days It less than one day 5min.	Coronary Thompsis 130	
10. Usual occupation.	none none		Due †0	
12. Name U	nknown unknown		Other conditions	
	unknow	2	Major findings of operations	
16. InformantLt	. Donald Be	owi .	Autopsy results	•
	S. Courthon	Oate Thereof	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	
Cemetery or crematory Arlington National			Where did Injury occur?	
Location Arlington, Virginia			Injured at home, farm, industry, public place (where?)	
		bers Co. Sala	Means of Injury Injured at work?	
		Washington, D.C.	23. SIGNATURE OF T. FOWLER, CDP MC USN M. D. or other	
19. 9-6 (Date rec'd by r	registrar) 4 7	Registrar	Address USNH, Bethesda, Md. Date signed 9-6-1	47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH Reg. Dist. No...... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Montgomery State Maryland County Montgomery Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town) Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 534 Middelton Lane, No No No LOCATION) 4534 Middelton Lane. How long in hospital or Institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 578-34-1838 MEDICAL CERTIFICATION Married Male White 27 19 X7 at 9 15 P Julia Howell 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(c) It alive, give age ... 56 7. Birth date of 1882 February deceased (mo., day, yt.) It tess than one day 8. AGE: 65 Newark, (Town, county, and state) 10. Usual occupation Underwriting Supervisor, FHA. 11. Industry or business 12. Name August Bock Newark, N. J. (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Louise Breidt Major findings of operations..... Newark, N. J. 16 Informant Mrs. Julia Howell Bock PHYStCIAN: Please underline the cause to which death should be charged statistically. Address 4534 Middelton Lane, Bethesda, Md 22. VIOLENCE: If death was due to external causes, fill in the following: 9/29/47 Shipment (Burial, cremation, or removal, Which?) Accident, sulcide, or homicide..... Where did Injury occur?(City or town) Cemetery or crematory Fresno, California California Injured at home, farm, industry, public place (where?) Means of Injury

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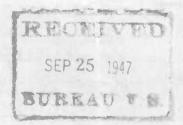
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08098 Reg. Dist. No. 714

Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County (Read)	State Thory and county Morilgomery
City or town	Elly or town Silver Apring (Rural)
How long In above piace of death?	(If outside city or town limits write RURAL and give nearest town)
105,000, 105,000, 00 000, 00 000, 00 000, 00 000, 00 00	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Harrielt Brow	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Yen. C projuved	20. DATE DE DEATH. September 21 1947, 21/0:50 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	July 16 19 46 10 Sept 2/ 19 4/
7. Birth date of deceased (mo., day, yr.) March / 1867	and that I last saw h. C. alive on
8. AGE: Years Months Days If less than one day	Immediais cause of death
80 6 20 min.	ment of the last
8. Birthplace Rachwille, Maryland.	Due to arteriosclerosis
(Town, county, and atake)	Cerebral o Cardias
10. Usual occupation.	So Right extremely Talsey
11. Industry or business	t Estimate Unethree
12. Name	Diner conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ana Gordon 15. Birthplace Mary mod.	Major findings of operations.
Mis mutal Bus (navalle)	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address favor sun, pour promoting	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory MT. Zion Church Cemeling	Where did Injury occur?
Location Linker Selver Spring med.	Injured at home, farm, Industry, public place (where?)
18. Funeral director, R. L. Shandden	Means of injury Impured at work?
Address 246 n. Wash. St. Rock wille, md.	23. SIGNATURE Webley Sewell M. D. M. Dorother
19. Sept y (Datefree'd by registrar) 19 47 Jacobine In Schoeffer	Address Norbeek, Md Bate signed 9.23.47



08099

2411 N. Charles St., Baltimore

ect (M	CERTIFICAT	E OF DEATH Reg. Dist. No. 2			
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: Montgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Damas cus MD. (If outside city or town limits, write RURAL and give nearest to street No (If rural rive LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Numb			
orma	Arthur Randolph Burns	None			
ING tofinforses of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH SEATERNEY / 2 1947 5:70P/			
MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	8.(b) Name of husband or wife Hattie L Burns 6.(c) If alive, give age 49 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 71 5 10 hrs. min.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1842. and that I last saw h/M. alive on the state of the			
	Montgomery County MD. 9. Birthplace	Oue to			
A15 EASE WRITE PLAINLY, W is especially in	Hattie L. Burns Address Damascus, Maryland. Burial Oate thereof Sept. 15.1947 (Burlal, cremation, or removal, Which?) Cemetery or crematory Damascus, Maryland. Location Montgomery, County MD. 18. Funeral director Address Laytonsville, MD.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic: 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State injured at home, farm, industry, public place (where?) Means of injury 1 injured at work?			



MARYLAND STATE DEPARTMENT OF HEALTH

				TE OF DEATH	Reg. Dist. No.	216	
City or town	omery lesda (ru de city or town lin eath? 2 et address where to Hospital	days days leath occurred Beth	URAL and give nearest town) : esda, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Montgomery City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) Street No. 5715 Glenwood Road (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME	CONDON Color or race	-	Anson	MEDI	3. (b) Social Secur	ity Number	
	white		single			7 , 9:55	
6,(b) Name of husband or w 7. Birth date of deceased (mo., day, yr.)	18 Cant	6.(4	e) if alive, give ageyears	20. DATE DF DEATH 20 September 19 47 al 9: 21. I CERTIFY Ihal death occurred on the date above stated; that I attended deceased from 9-18- 19 47 lo 9-20- 1 and that I last saw h 1m allye on 9-20- 1 Immediate cause of death			
8. AGE: Years	Months	Days	ff less than one day	Immediate cause of death.		DURATION Z 9	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 9. Birthplace	none	eounty, and	state)	Due to			
			n n	Other conditions	y within 3 months of death)		
14. Maiden name	Jane Ansonsacola,	n Florid	la	Major findings of operations			
16. Informant Fact Address 5715 G1	lenwood R	d., Be	P. Condon thesda, Md.	PHYSICIAN: Please underline the	cause to which death should be chap	erefered a restriction of the con-	
17	removal. Which?)	Date ther	eof 9 24 47 (month) (day) (year)	Accident, suicide, or homicide			
location Arli	ington, V	irgini	.a		c place (where?)		
18. Funeral director	W. Chamb	ers Co	. Km J.	Meens of Injury	injured at work?		
		NW, Wa	shington, D. C.	SIGNATURE PAUL PE'	TERSON, CAPT MC U	SN	
19. ————————————————————————————————————	1947	lle	ary Clearlatte Sea	. 77	sda, Maryland Date sig	9-22-47	

RECYEVED SEP 29 1947

PLEASE-WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08100

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)				
Petheeda (mm)	State D. C. County				
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 10 minutes					
Hospital, Institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Maryland	Street No. 1616 W Street, Southeast				
70 minutes	(If rural, give LOCATION)				
How long in hospital or institution? 10 minutes	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
CONOLEY, Elizabeth (nmi)					
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
female white single	20. DATE OF DEATH 12 September 19 47 24 7:28 F				
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
6.(b) Name of husband or wife	9-12- 19 47 10 9-12- 19 47				
7. Birth date of	and that I last saw h er alive on 9-12-				
deceased (mo., day, yr.) 12 September 1947	Immediate cause of death DURATION				
8. AGE: Years Months Days If less than one day	Multiple congenital anomolies				
Debt ale Wordens	Due to Prematurity				
9. Birthplace Bethesda, Maryland (Town, county, and state)	Due to				
10. Usual occupation	Due to				
11. Industry or business					
單 12. Name Ralph Manson Conoley	Other conditions				
3. Birthplace Unknown	(Include pregnancy within 3 months of death)				
Helen Doggett 14. Maiden name Helen Doggett 15. Birthplace Oklahoma Mo: Mrs. Helen D. Conoley					
E 14. Maloen name	Major findings of operations				
≥ 15. Birthplace UKIANOMA	Date of op				
16. Informant Mo: Mrs. Helen D. Conoley	Antopsy results. Same as above				
Address 1616 W St., SE, Washington, D. C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
	22. VIOLENCE: If death was due to external causes, fill in the following:				
17. Burial Date thereof 9 16 17 (Burial, cremation, or removal, Which?) (month) (dsy) (year)	Accident, suicide, or homicide				
Cemetery or crematory Arlington National Cemetery	Where did injury occur? (City or town) (County) (State)				
	The state of the s				
Location Arlington, Virginia	Injured at home, farm, industry, public place (where?)				
18. Funeral director W. W. Chambers Co.	Means of Injury Injured at work?				
Address 517 11th St., SE, Wash., D. C.	23. SIGNATURE D. A. CALLAGAN, LT MC USN				
9-16 47 Mourchaelott shut	M. D. or other				
(Date rec'd by registrar) Registrar	Address USNH, Bethesda, Md. Date signed 9-16-47				

REOBIVED

SEP 24 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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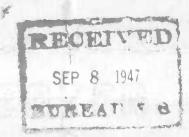
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases white the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Reg. Dist. No. ...

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Montgonery			
Kensington Maryland				
City or town Kensington Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town Kensington, Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 52 yrs.				
Hospital, Institution, or street address where death occurred: 370 Freeman Place	Street No. 370 Freeman Place,			
370 Freeman Frace	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war. None			
3. (a) FULL NAME	3. (b) Social Security Number			
MARY ANDERSON CONSTANT	None			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 3: 55AL			
Female White Widowed	20. DATE OF DEATH. 9 5 19 19 19 19 19 19 19 19 19 19 19 19 19			
6.(6) Name of husband or wife Robert E. Constant	21. I CERTIAY that death occurred on the date above stated; that I attended deceased from			
desected	(2414 19 10 9 5 11 19			
T Right date of	and that I last saw h?alive on			
deceased (mo., day, yr.) Aug. 9, 1861	Immediate cause of death			
8. AGE: Years Months Days If less than one day	without as towners history of			
86 0 26hrsmin.				
Ohio	Due to arterial some Decised was			
9. Birthplace Chio (Town, county, and state)	DUE TO			
10. Usual occupation Retired Gov.				
	Due to			
11. Industry or business Benjamin Anderson				
Manuland	Other conditions			
13. Birthplace	(Include pregnancy within 3 months of death)			
14. Malden name Susan Hughs 15. Birthplace Laryland	Major findings of operations			
S 15 Rightelace Maryland	major nudugs of operations			
16, Informant Miss Wellie Shafor				
16. Informant PILSS ETTLE STATOF	Autopsy results			
Address 1419 Clifton St. N.W.	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial Date thereof 9/8/47 (Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)				
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Oak Hill Cemetery	Where did injury occur?			
Location Washington, D. Co	Injured at home, farm, industry, public place (where?)			
	Means of Injury Injured at work?			
18. Funeral director Work Reuber Turng Threy	0 0			
Address Bethesda, Maryland	January allen 17			
21 5 112 2m 810 0	23. SIGNATURE M. D. or other			
19. (large rec'd by registrar)	Address Carrington M. Date signed 75 47			



9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8102) Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	State Maryland County Monty			
City or town(If outside city or town limits, write RURAL and give nearest town)	10 10 PA)	9		
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town	m)		
Hospital, Institution, or street address where death oppurred:	(Scottland)			
908 Goldstow Rd.	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) It veteran, name war			
3.(a) FULL NAME	3. (b) Social Security Number			
Henrietta Cook	er			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced /	MEDICAL CERTIFICATION			
to la Colored Willowed	1.01			
State of the state of	20. DATE OF DEATH. 18547 av Q			
6.(b) Name of husband or wife	21. I CERUFY that death occurred on the date above stated; that I ettended deceased from			
	Def. med 519 10	19		
7. Birth date of	and that I last saw halive on	. 19		
deceased (mo., day, yr.) Tehning 22 /8//	Immediais cause of death	URATION		
8. AGE: Years Months / Days If less than one day		. /		
70hrsmin.	Cornary occlusion	T		
		ellely		
9. Birthplace	Due to			
Nouse Pelpe				
10. Usual occupation	Due to			
11. Industry or business				
12. Name 13. Birthplace	Dither conditions			
33. Birthplace	(Include pregnancy within 3 months of death)			
El Jenriella Kenken	(Include pregnancy within 3 months of death)			
14. Maiden name. Servella terken. 15. Birthplace	Major findings of operations			
∑ 15. Birthplace	Date of op			
16. Informant Suren Corper	Autopsy results			
1 - le 1000 m	PHYSICIAN: Please underline the cause to which death should be charged statistical	Uy.		
Address voerverel, mo.	22. VIOLENCE: If death was due to external causes, till in the toilowing;			
17	Accident, suicide, or homicide			
HIO Camelar -	Where did Injury occur?			
Cemetery or crematory				
Location Calma Fittus, tox	Injured at home, tarm, Industry, public place (where?)			
Robert H. Inorde	Manne of Injury Injured at work?			
18. Funeral director	I (Brochast M.)			
Address Cockrille, ma.	23. SIGNATURE MANY JOSEPH J.			
91,5 47 m & John	23. SIGNATURE M. D. or other			
19. (Date ret'd by registrar) Registrar	Address Jacker hand Man Date signed Go.	2-4		

SEP 19 1947 BURBAU F 8

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correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE SA

(Date ec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Address Takoma Taik Marte signed

08104

Reg. Dist. No. 223

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County P.O. T. G. M. C. G.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLIAD County VICORICO. City or town SIRULISIONRY (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Mrs. Lours Virginis Coston 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Te White Widowed	MEDICAL CERTIFICATION
6.(b) Name of husband or wife W. Brice Coston 6.(c) If alive, give age years	20. DATE OF DEATH
8. AGE: Years Months Days tf less than one day	Immediate cause of death & DURATION OLLE GER
9. Birihplace Trans. The Grown, county, and state) 10. Usual occupation House Wile.	Due to
11. Industry or business 12. Name Thomas H. Tull 13. Birthplace Kingston Md.	Other conditions
14. Maiden name Layis B. Udams 15. Birthplace Kingston, Md. 16. Informant Mr.S. Word K. Quark,	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address 10.5 Williams St. Salisbury Md. 17. Remoda Date thereof 9-15-1947. (Burial, cremation, or removal, Which?) Bate thereof 9 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. SALISBURY Location WICCIMICO CO MARYLAND 18. Funeral director Darne & Panifaliney	Where did Injury occur?
Address SILVER SPRING 170.	23. SIGNATURE Mohert astare Min.

RECEIVED
SEP 17 1947
BUREATICE

2. USUAL RESIDENCE (HOME) OF DECEASED:

1. PLACE OF DEATH:

SE WRITE A15 PLEA VS

WILLIAM TOTAL	DI.	ANA	E4 .	PLL	LILL	T TAY WATA T	VI	I A HACKES I I I I
	2411	N.	Ch	arlea	St.,	Baltimore	3	13/2

CERTIFICATE OF DEATH

county Montgomery	(For newborn infants give residence of mother)
	State Dect of Columbian
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 4 m.o. 29 da.	(if oftside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Street No. 236 Luckeman St. J.W.
Washington San + Hospital	(If rural, give LOCATION)
How long In hospital or Institution? 4 mo. 29 da.	2.(a) It veteran, name war
3. (a) FULL NAME	2 (h) 5 :-15
O, (W) I OLLI CVINILL	3. (b) Social Security Number
Cullen, Mrs. Anne H.	
4. Sex 5. Color or race 6.(α)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Femala white married	1.14 56 47 21107
Femala white married	20. DATE OF DEATH. 19 19 19 19 2 11 07
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 19/7, 10 Sixt 26 194/
7. Birth date of	and that I last saw hus alive on Aft a 26 19.47
deceased (mo., day, yr.) Nov. 25, 1884	
8. AGE: Years Months Days It less than one day	Immediais cause of death OURATION
62 10 /hrsmin.	The 10 minutes of the 10 minut
	- Millian Chara
9. Birthplace M.I.Ch.I. 9. 44 C.I. T.V.) Lhd (Town, eounty, and state)	Due to bausa
	alienthritie gura
10. Usual occupation. HOUSEWIFE	Due to
11. Industry or business	
置 12. Name August Schausten	Other conditions Topasalele Musinteric Thrombon
12. Name	Other conditions. Company of the conditions of t
13. 6 ortholace gar many	(Include pregnancy within 3 months of death)
14. Maiden name Hugusta groch	
	Major findings of operations
El 15. Birthplace Poland	Date of op.
16. Informant Wash. San. + Hosp. Records	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Tatoma Park, Maryland	22. VIOLENCE; It death was due to external causes, till in the tollowing;
17 Buriel Date thereof Left 29, 1947	Accident, suicide, or homicide
(Burial, eremation, or removal, Which;) (month) (day) (year)	
Cemelery or crematory The Lincoln Celan	Whera did Injury occur?
Incolon Prance George Countre	Injured at home, tarm, Industry, public place (where?)
Location Location	
18. Funeral director Lee S. H. Berrio Co	Means of Injury Injured at work?
Address 2901 4TH St. 744 Elux	De Da ala
Address 2901 V4 H 1911 Vans	22 SIGNATURE N. e. The M. Made
" LUK 2 (0 "5) TIMMODO	M. D. or other
(Date ree'd by registrar)	Address atoms Carle Ind - Date signed 9-26-4



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

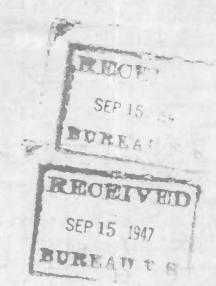
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08106

CERTIFICATE OF DEATH

			2	1	3	
Res.	Dist.	No.	 for	1	2	

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	State Mappyland Country Monlyone
(If outside of or town limits, write RURAL and give nearest town)	City or town Scotland
How long in above place of death?	(tf outside eity or town limits, write RURAL and give nearest town)
	Sireel No
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	ACTION OF THE CATION
O. C. P. O. C. C. Sollingto, married, warned, or or or or or	MEDICAL CERTIFICATION
male wing maning	20. DATE OF DEATH 19.X.7. av XSA
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	0) - 0 10 T
04	Throng HAJaki
B. Birthplace	Oue to
10. Usual occupation Laboration	Due to
11. Industry or business	
12. Name	Diher conditions
	(Include pregnancy within 8 months of death)
14. Malden name martha Firell 15. Birthplace	Major fiediogs of operations
₹ 15. Birthplace	Oate of op.
16. Informant.	Autupsy results
Address Devilation of the Address	22. VIOLENCE: It death was due to external causes, till in the following;
17	Accident, suicide, or homicide
Cemetery or cremptory. Acad and	Where did Injury occur?
Location Scotland pul.	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Robert, L. Snowden	Meens of injury Injured at work?
Address Robbille, md.	Think & Broschart M. J.
9-12 47 Exploresson	23. SIGNATURE Deff med 2 tam M. D. or other
19. (Date rec'd by registrar) Registrar	Address Starthall Date signed 9-12-4-



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Y			
1. PLACE OF DEATH: M	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Codulty	State Maryland County Montgomery		
City or town(If outside city or town limits, write RURAL and give nearest town)	Ozha Parl		
How long in above place of death? Jell dead in faux	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 117 Johanna avenue		
Sahutur national Bant.	(If rursl, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Janet D. Baroku	is		
4. Sex 5. Foldy or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F OW Married	20. DATE OF DEATH. Dels 22 19 x 7 at/: 20 P M		
1/2019. Dawking	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wite	Jef pre f. 5 19 10 10 18		
6.(c) If alive, give ageyears	and that flast saw halive on		
deceased (mo., day, yr.) July 10, 1886	Immediate cause of death OURATION		
8. AGE: Years Months Days it less than one day	deep		
61 2 /3nrsmin.	Consars occlusion es		
Longhton Ersed England	Due to		
9. Birthplace Tught (Town, county, and state)			
10. Usual occupation America	Que to		
11. Industry or business at Rome	Oue to		
	Other conditions.		
12. Name archibold McWilton 13. Birthplace Scotland (?)			
at 71	(Include pregnancy within 3 months of death)		
E 14. Maiden name	Major findings of operations		
W 15. Birthplace Scatland	Oate ot op		
16. Informant Mr. Gilbert 4 Dewakins	Antopsy results		
Address 117 Dakima avenue, Jakoma PK. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Paration All 19/7	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or remoyal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Cedar Hill Crematry	Where did injury occur?		
Froley Pa aug & E Washington D.C	Injured at home, farm, industry, public place (where?)		
Location	Means of injury injured at work?		
18. Funeral director. Action Matters	1-00		
Address 254 Caryll St New. Josephy 1 wk. D.C.	Trank ! Broschart M. U.		
deste 4.3 and Attitum Doll	23. SIGNATURE M. D. or other		
19. Sell 2 19 (Date rec'd by registrar) Registrar	Address Jackhust pol Date signed 9-225 57		



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08109 No 223

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Logical County County
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 45	City or town (If untside city ur town limits, write RURAL and give nearest town) Street No. 1216 Owen (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Alfred Dietz	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that doath occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day 8. 3 5 5	Immediate cause of death DURATION Congertee Least pasture Agy
9. Birthplace German Grand (Town, country, and state) 10. Usual occupation Returned G. F. Office (Printer) 11. Industry or business	Due to. Cardie - var eules - Seul dissurer Due to.
12. Name Welliam Detts.	Other conditions
14. Maiden name Waril Dingles 15. Birthplace Germany	Major findings of operations
16. Interment albert E. Wests Ir.	Antopsy results
17. Backers Date thereot Sept 10-1947 (Burial, cremation, ur removal. Which?) Cemetery or crematory Sept Lancoln	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Bladenslave Jud.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Transa org Address 5406- Illemont aro how . Oxceled &	Means of injury injured at work?
19. Dept 19 19 19 19 19 19 19 19 19 19 19 19 19	23. SIGNATURE M. D. ur other Address SIL-8-N-E Date signed 916/4-7



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

08107 Reg. Dist. No. 2/2.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
Wick Col Widoron. 8.(6) Hame of husband or wite.	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Sept. 3 (2)
7. Birth date of deceased (mo., day, yr.)	and thet I last saw h. 1992. allve on Sight 30
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation	Due to Arterio Eclerotic Cardio Vascular acral dispase Llmp. Due to
12. Wame 12. Wame 13. Birthplace 14. Malden name ROWNER 15. Birthplace	Dither conditions
18. Intermant DOC	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Cemetery or crematory (Quantum description) Date thereof (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director. Carlence & Davis. Address	Injured at home, farm, Industry, public place (where?) Mesns of Injury Injured at work?
(Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M.D. or other Address Poll Elle M. D. d. Bota signed (D/4/4)



VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DE				2. USUAL RESIDENCE	E (HOME) OF	DECEASED:	
County			(For newborn infants give residence of mother) State. Mary land county Montgomery				
City or fown	outside city or town l	I II g	RURAL and give nearest town)				
				City or town	ver Spri	write RURAL and give	nearest town)
MANDE X STORES	Spec address where	death occurre	d:	Street No. 324 H:			
324	Highview	Ave.	***************************************	1	(If rural, give I	LOCATION)	
How long in hospital of	or Institution?			2.(a) veleran, name war	No		
3. (a) FULL NAM	IE o					3. (b) Social Securi	tv Number
	(Jack	. 4	1. Thereson			396-07-74	•
4. Sex	5. Color of race	6.(a)Singl	le, married, widowed of divorced	11	MEDICAL CE	RTIFICATION	.00
w-3-	w(20 d + 0	700 5	v v		1		
male	White	me	rried	20. DATE OF DEATH	left 2	19.54	7 . 11 3:00 A 11
8 (b) Nams of Killiand	Der wife Alic	ce S.		21. I CERTIFY that death occ	curred on the date abov	e sfated; fhaf I allended d	eceased from
			c) If alive, give ageyear	Dep med	Seculo.	, to	19
7. Birth date of				and that I last saw h	alive on	ass	19
deceased (mo., day,		Days	1884	Immediate cause of death			DURATION
8. AGE: Year	months 11	1			•••••	********************************	3
02	1 11	1 1	hrsmln	lasphy	ria		de
9. Birtholace TO	ronto, Ca	anada	state)	Due to Akelga			alla
					1 Bu	cole)	Ein of &
10. Usual occupation.	Retire	a.d		Due fo	······		- one
11. Industry or busine	ss						
12. Name	ohn Lugge	an		Other conditions	****************************		
12. NameJ.	Canada						
	Emma Wel	n h		(Include p	regnancy within 3 m	onths of death)	
14. Maiden name		X.W	***************************************	Major findings of operation	18		
≥ 15. Birthplace	Canada					Date of op	
16. Informant	Irs. Alic	e S.	Duggan	Autopsy results			
Address 324	Highvie	w Ave		PHYSICIAN: Please under	fine the cause to whi	ch death should be charg	red statistically.
				22. VIOLENCE: If death wa			
(Burlal, cremation	n, or removal. Which?	Date thei	reof. 9/23/1947 (month) (day) (year)	Accident, suicide, or homicid	e. Dennen		9-22-47
Cemefery or cremai	lory			Where did injury occur?	(City or town)	(County)	(State)
LocationZE	nesville	/	O. (Muskingum Co	Injured al home, farm, Indus		ere?)	
18. Funeral director.	Warne	6 6	imphrey	Mesns of Injury	1	Injured af work?	ha .
Address Si	lver Spr	ing,	Md.	23. SIGNATURE	uh J. 13	contact.	
19. Sept. V	3 19 4.7.	Suca	henery Schaeffe	1, 1	her her	m. M. Date sign	D. or other
(Daty too d by I	- B	1.7	-0-0	·· Ruul Cob		A METE SIEU	



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mondgome	(For newhorn infants give residence of mother)
City or town Jayloncole	State County County
City or town	Cily or town Delle set to the itest
How long in above place of death?	Cily or town (1) outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tranklin levyen	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Mute maniet	20. DATE OF DEATH. 9/30/ 19.47 at 400 M
6. (b) Name of husband or wite fles terocheth levyer	21. I CERTIEY that death occurred on the date above stated: that I attended deceased from
6/3/866. 6.(c) If alive, give age years	S/28/ 1947, to 9/30/ 1947
3, Birth date of	and that I last saw h. I. J. L. alive on
deceased (mo., day, yr.) 8 A.C.F. Years Months Days It less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Ocule Carlo Children The
5/ 3 / /hrsmin.	
9. Birtholace maryland.	Due to Tehome Resocables 3 900
Town, county, and state)	
10. Usual occupation Machant	
11. Industry or business	Due to
12. Mame / Sachar / Curyer	Dther conditions
# soulist Divers	(Include pregnancy within 3 months of death)
14. Malden name Charles 15. Birthplace	Major findings of operations.
21 15. Birinpiace	Date of op.
16. Informant	Autopsy results
Address Saglospille Mos	
18 Dale thereof OCT 3/947	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Waich?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory In Dawl	Where did Injury occur?
Location of Love Smille Just	Injured at home, tarm, industry, public place (where?)
11/2 11/ Dash.	Means of Injury Injured at work?
18. Funeral directory	(han -)
Address Of Amount of TA	LIYYI
16th 100	23. SIGNATURE M. D. or other
19 19 19 19 19 19 19 19 19 19 19 19 19 1	Address And Do Date signed 9/3010

OCT 7 1947

BUREAU PA

A. C.

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08112

CERTIFICATE OF DEATH

1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MARY AND County
(If outside city or town limits, write RURAL(and give nearest town)	VELLETAN MIN
How long in above place of death? 3 7110	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2400 PlyERS M.II ROAD
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MRS. MARGARET E	ELLIOTT
4. Sex 5. Color or racs 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FWW	20. DATE OF DEATH. Sept. 8 1947 at 10:15Pm
EDWIN J.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or mile	June 8 1947, to sept 8 194/
	and the last saw h. e. allve on Sefet 1947
7. Birth date of deceased (mo., day, yr.) Aug. 12. 1863	- INCOME.
8. AGE: Years Month Days If less than one day	Immediate cause of death 24 hr
841 0hrsmia.	
laura	marked Cerebral.
B. Birlhplace (Toyal, county, and state)	arteriorclewsis with dependent
10. Usual occupation Athorns	Oli - in molder 7
IU. USUAI OCCUPATION.	Due to.
11. Industry or business	
12. Name MUSION Conglian	Other conditions
13. Birthplace Not known	(Include pregnancy within 3 months of death)
5 Mary Flood	(Include pregnancy within 8 months of death)
14. Maiden name.	Major findings of operations
El 15. Birthplace hay program.	
16. Informani Mrs. Jon Allene	Autopsy results.
The Tol received 11 - A received	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 400 Plyers Millia. Mensinglan Ma.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Surjai, cramation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cometery or crematory Ally States	(City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
Lead on lasa 1	Meens of Injury Injured at work?
18. Funeral director	C- 117 11
Address /1756 terrolece New	23. SIGNATURE I trank a Lack M. 1).
12 1 1/120 12 12/12	23. SIGNATURE OF OF OTHER
19. (Date cc'd by régistrar) Registrar	Address & 48 Ja live Street Date staned 9947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. C	narles St., Baltimore 940	
CERTIFIC	ATE OF DEATH	Reg. Dist. No. 216
1. PLACE OF DEATH: County City or town (If outside city of town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State	
How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	(If outside city or town) Street No	give LOCATION)
3. (a) FULL NAME yace & Fisher		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, reacciad, widnesser, or divorced		CERTIFICATION
8.(b) Nams of husband or wife	21. I CERLIFY that death occurred on the dat	te above stated: that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATIO
9. Birthplace. Urbaya Ohio (Town, county, and atate) 1D. Usual occupation. Section.	Due to	
11. Industry or business 12. Name		
14. Maiden name	(Include pregnancy with	
18. Informant Emay H Bog ley Address 7004 - Wise and cheh Mi	Autopsy results	to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory	Where did injury occur?(City or to	own) (County) (State)
Location Un bana of his 18. Funeral director The S H Junes Ce	Injured at home, tarm, Industry, public place Means of Injury	Injured at work? Broschark W. J.
Address 2901-142 J 200	23. SIGNATURE Jacob Protection Address Jacob Address Jacob Address	M, D, or other M Date signed 9 - 15-

WRITE PLEASE VS A15

MARGIN RESERVED FOR BINDING



~	Evidence I and by permission	n of medical staminer
(A)	Harthechange of slave of MARYLAND STATE DE	EPARTMENT OF HEALTH
ag ag	1:7/ + 15 . Day 2411 N. Charl	les St., Baltimore 94a 08114
correct age	CERTIFICAT	TE OF DEATH Reg. Dist. No. 316
rre	-0. 112 10/23/47	
5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Montgomery Montgomery
Thursday	County County Civers 2	Montgomery Montgomery State County
F. Se	City or Town	Chevy Chase, Maryland
full	How long in above place of death? Hospital, Institution, or stylet address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No. 4803 Chevy Chase Drive,
are	4803 Chary Chase Prine -	Street No. (If rural, give LOCATION)
on c	How long in hospital or institution?	2.(a) If veteran, name war None
lati th	3. (a) FULL NAME	3. (b) Social Security Number
information carefully. The coof death clearly and legibly.	William Emily Friels	
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
BINDING ry item of the causes	m M margael	20. DATE OF DEATH 2 12 2 38 AM
INDIN item caus	9 dans Mc Haw Friel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
BII ry i	6.(6) Name of husband or wife.	
	7. Birth date of O TO TO TO TO THE STATE OF	and thet I last saw halive on
F(deceased (mo., day, yr.) Bullet 30 / 8 & G.F. Years Months Days If less than one day	Immediate cause of death
Supply ease wi	8. AGE: Years Months Days If fess than one day	Coronary Throlosia 30ments
RESERVED INK. Supi		
ESE INK.		Due to
RGIN RESI	10. Usual occupation Construction would manage	
N N Sic	11. Industry or business - Construction Co.	Due to
MARGIN NFADIN pt. Physi	Adolph G. Frick	
√ G	E 12. Name	Other conditions
M. M	a Anna Gusner	(Include pregnancy within 8 months of death)
(T)ES	14. Maiden name Anna Gusner	Major findings of operations
(I)	₹ 15. Birthplace	Date of op.
	Mrs. Edna Frick	Antopsy results
PLAINLY,	Address 4803 Chevy Chase Dr. Chevy Chas	
AI	Burial Date thereof 8/27/47	22. VIOLENCE: If death was due to external causes, fill in the following:
PI SI	(Rurial exemption or removal Which?) (month) (day) (vear)	Accident, suicide, or homicide
TE	Cemetery or crematory	Where did injury occur?
'RI	Location Maryland	Injured at home, farm, industry, public place (where?)
*	18. Funeral director of sules Freshory	Meens of Injury Injured at work?
A15	MARKET 171 1 1 1 1 1 1 1	Md. I male mil
VS A15 PLEASE WRITE	1 9/15 117 Mm 500	23. SIGNATURE M. D. or other
P. P.	19. (Date fee'd by registrar) Begistrar	1746 / 00.00

OCT 2 1947

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RESERVED	INK
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(E PLAINLY.
W IS	E PLA
- am	-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

. Date signed 9-30-547

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County MONTGOMERY	State MARYLAND County MONTGOMER)	y
City or town (If butside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	City or town	
Hospital, institution, or street address where death occurred:	Street No. 1003 FLOWER AVE.	
WASHINGTON SANITARIUM + HOSPITAL	(If rural, give LOCATION)	
How long in hospital or institution? 20 MINUTES	2.(a) It veteran, name war	
3. (a) FULL NAME MRS. ADA F. FRIEL	DLAN DER. 3. (b) Social Security Number	
4. Sez 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-5
FEMALE WHITE MARRIED.	20. DATE OF DEATH. S. E. P.T. 30 , 1947 31 / 3	A
6.(b) Name of husband or wite MR BERNARD	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
FRIEDLANDER 6.(c) It allve, give age 51 years	19. med 19. 10. 19.	
T. Birth date of deceased (mo., day, yr.) FEBRUARY 28, 1898.	and that I last saw halive on	
8. AGE: Years Months Days if less than one day	Immediate cause of death DURA	TION
49 7 2hrsmin.	P. D. Marine Marie	0
PISSIA	Commy orchisins and	
9. Birthplace (Town, county, and atate)	Due to	
10. Usual occupation	Bus to	
11. Industry or business	048 10	
E 12. Name HYMAN WEISTOCK	Dther conditions	
12. Name HYMAN WE ISTOCK RUSSIA		
14. Maiden name # 11 DA TOBYSMYOFSKY 15. Birthplace RUSSIA	(Include pregnancy within 3 months of death) Major fiodiogs of operations.	-
S 15. Birthplace RUSSIA	Date of op.	
18. Interment MRS. LILLIAN A. COHEN	Autopsy results	
Address 3006 REISTERTOWN RD. BALTIMOR	PHYSICIAN: Please underline the caose to which death should be charged statistically.	
Dax 1,0117	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide,	
Cemetery or crematory description	Where did injury occur?	
Location Capitol Houghts May	Injured at home, farm, industry, public place (where?)	
16. Funeral director B. Manyausky TSow	Means of injury Injured at work?	
To remove the state of the stat		

Registrar

WRIT PLEASE A15

(Date rec'd by registrar)

OCT 1 1947
BUREAU * 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



08116

/		CE	RTIFICAT	TE OF DEATH Reg. Dist. No. 216
How long in above plan Hospital, institution, U. S. Nav	thesda frur outside city or town li ce of death? 4 d	mits, write RURAL and give ays death occurred: , Bethesda, Ma	••••••••••	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAM				3. (b) Social Security Number
ESH	FULLINWIDER	, Simon Pendle	eton	
4. Sex	5. Color or race	6.(a)Single, married, widowe	ed, or divorced	MEDICAL CERTIFICATION
male	white	married	d	20. DATE OF DEATH 19 September 19 47 2 220
6.(b) Name of husban 7. Birth date of deceased (mo., day	Q A 22 M2	delade Fulliny	wider e 46 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-15- 19, 17, to 9-19- 19 and that I last saw h im alive on 9-19- 19.
8. AGE: Yes 50	rs Months	Days It less than o		Impodiate cause of death Thrombosis, refit zustle central 3 1/2 de
19. Usual occupation 11. Industry or busing 12. Name	Kansas City (Town, Retire ess U. S. N Simon P. Fu Missouri Betty Gai	d avy llinwider		Due to Hypertonia articles 2 gas Diher condition Lift Burll Branch Blood 2 year Hyportotic pregnancy within 3 months of death)
15 Rirthnlace	Missouri	. deceased		Major findings of operations
Address 30		ad, NW, Washin	ngton, D.C	Antopsy results. Same as above PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Date of
Cemetery or crema	dery Arlingto	n National Cer rginia		Where did Injury occur?
18. Funeral director.	W. W. Cha	Washington,		Meens of Injury Injured at work? 23. SIGNATURE ITSNEY Pothogoda MC USNM, D. or other ITSNEY Pothogoda Add

R B C 2 1947

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EASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08117

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1 PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
county Montgomery				state D.C. Gouoty		
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)		erdfrage,	
How long in above place of	of death?3	mos. 2	days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Mospital, Institution, or s	street address wher	e death occurred	l:	Street No. 161 M Street, Southwest		
			hesda, Maryland	WW T	1	
		mos . Z	days	2.(a) If vereran, name war.	ł	
3. (a) FULL NAME				3. (b) Social Security Number		
GA	RDNER, M			DOM: NO.		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white		married	20. DATE DF DEATH	P	
	Mrc	Mamr G	andnen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband o	or wife	mary G	al until	6-6- 19 47 10 9-8- 19	1.7	
7. Birth date of		6. (c) If alive, give ageyears	and that I last saw h im alive on 9-8- 19.		
deceased (mo., day, yr.		June 18				
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death DURAT		
60	2	28	hrsmin.			
9. BirthplaceV	/irginia	n, county, and		Due to Extensive sarcinoma		
	(10%)			of tongue 1/2	. ofer	
1D. Usual occupation	unkno	WIL	***************************************	Due to		
11. Industry or business						
12. Name Joh 13. Birthplace V	in Gardne	r		Dther conditions		
13. Birthplace, V				(Include pregnancy within 3 months of death)		
H 14. Maiden name	Fannie	Skinner		(Box.		
14. Maiden name 15. Birthplace	Virgini	a. dece	ased	Major findings of operations		
Wi fo	Mris	Maine Go	ndnan			
16. Informant		Tai Y. Ca.	anar	Autopsy results		
			ngton, D. C.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial		Date ther	eol	Accident, suicide, or homicide		
			nal Cemekery	Where did injury occur?		
			77	Injured at home, farm, Industry, public place (where?)	*********	
18. Funeral director	W. W. Ch.	ambers	Co.412.	Means of Injury Gale G. Clark topiced at work?		
			shington, D. C.	CATE C CTADY I'M NO HOM		
00	6		.1 111 00	3. SIGNATURE GALE G. CLARK, LT MC USN		
19. (Date rec'd by reg	istrar)	Ma	y Clarlot Sul	Address USNH, Bethesda, Md. Date signed 9-9-47	********	
(2000 100 0 2) 108						



New Years on View Lives of Landing and Edition

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

08118

118

	ERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2-(q) If veteran, name war
3. (a) FULL NAME Welleain	eury Jassaway Sr. 3. (b) Social Security Number
4. Sex Male 5. Color or race 6.(a) Single, married, with	wed or divorced MEDICAL CERTIFICATION Wed 20. DATE DE DEATH Septembe 30 19 47 at 10:30
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26. I CERTIFY that death occurred on the date above stated; that I attended deceased from 27. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; the date above stated
deceased (mo., day, yr.) January	Immediate space of death DURATION DURATION DURATION
9. Birthplace	Due to. Under Dillows Due to.
11. Industry or business 12. Name	Diher conditions 14 Develor (Inglude pregnancy within 3 months of death)
14. Maidep name 15. Birthplace 16. Informant	Major findings of operations. Date of op. Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (Burial, eremation, or remayal, Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location M. Data James C. D. M.	Injured at home, farm, industry, public place (where?) Meens of Injury Injured at work?
18. Funeral director Address Of Honor State The Address Of Honor The Add	23. SIGNATURE Defre Sevel M.D. or other Address Norbeell And, Bate signed 10 11.47

OCT 7 1947
BUREAU PA.

IY, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLA

V. S. No. 1

PHYSICIANS should state act statement of OCCUPA. D. Every item of incor-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Miruta muery	Registration Dist. No. 213
Village or City During Vanton (Berrel)	NA ALD COMMENTER
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in vity or town where death occurredyrsmos	
2. FULL NAME Sporgo Mashington	Jewik S Vejeran, specify WAR
ON WILL PLANT	Time and Man.
(a) Residence: No. 14 (1) (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	September 18 1947
So It regist without a discount	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Cucinda Ferres	may 1947 to Sept 19" 1947
6. DATE OF BIRTH (month, day, and year) Way 3 9 - 1890	liast sawh. All alive on Self 19: 147, 19 death is said
7. AGE Years Months Ways If LESS than	to have occurred on the date state above, at 7300 M
5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 ormln.	were acfollows:
8. Trade, profession, or particular kind of work done, as SPINNER, Nacy Palener on Jak	w Occording the party of the
SAWYER, BDDKKEEPER, etc	m oreas ma Afri Wasau 7/47
work was done, as SILK MILL, Harmung	
U 10. Date deceased last worked at	
this occupation (month and 1947 spant in this 40 year)	
Translate Transla	Other Coutributory Causes of Importance:
12, BIRTHPLACE (city or town) (State or country)	
The state of the s	
14. BIRTHPLACE (city or town)	- Alexander Anne
₹ 14. BIRTHPLACE (city or town)	Name of operation 2 194
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Suran Japanes	23. If death was due to external causes (VOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Mesher Co. M. A.	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
Wall Xunenda Flours	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	1
18. BURIAL, COMMATION, OR REMOVAL	Manner of Injury
oplace Donge Q Mad Date Date J., 19 47	Nature of injury.
tower land to an Ind	
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Super 21, 1947 mirs En Thompson	(Signed) M. D.
Put & Buile Pregistrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK. Every item of information should be carefully sup-Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

THE REAL PROPERTY.

PLEASE WRITE PLAINLY, WFFF correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH	

Registered No. 216

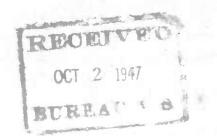
J. J	00100		
(a) Politing City, Maryland Cable	2. USUAL RESIDENCE OF DECEASED:		
(b) Street address No 6 CARVER ND	(a) State MD (b) County MONTGOMERY		
(c) Hospital or institution:	(c) City or town CABIN JOHN (If outside city or town limits, write RURAL and give town)		
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. No 6 Carver No. (if rural give location)		
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.? years		
3 (a) FULL NAME CLARENCE FOWARD GIBBS JR.			
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION		
No.	20. DATE OF DEATH Sept. 25 1947, at 1:25 PM		
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that lattend-		
MALE COLORED WOICE.	ed deceased from 2 years, to19		
6 (b) Name of husband or wife	and that I last saw him alive on June 2 1947		
6 (c) If alive, give age years	Immediate cause of death.		
7. Birth date of deceased (mo., day, yr.) 1946			
8. AGE: Years Months Days If less than one day			
7hr. min.	Due to Maluntrition and		
9. Birthplace WASHINETON DC. (Town, county, and state)	Due to Idiocy		
10. Usual Occupation			
11. Industry or business	Other Conditions		
12. Name CLARENCE E GIBRS SR.	(Include pregnancy within 3 months of death) PHYSICIAN		
13. Birthplace CABIN JUHN 140.	Major findings:		
	Of operations cause to which		
14. Maiden Name 144 19745W5	death should be charged statis-		
15. Birthplace ANDY DRINGS MD.	Of autopsy tieally.		
16 (a) Informant Likely (51885)	22. If death was due to external causes, fill in the following:		
(b) Address No 6 CARVER to CABIN SAM			
17 (a) Battle months Date thereof 9/25/1	(b) Date of occurrence.		
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)		
(c) Cemetery or crematory # 10 Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public		
Location	place? While at work? (Specify type of place)		
18 (a) Funeral director (Cofres) farms 60	(e) Means of injury		
(b) Address 43d you ff	23. Signature & a la Olice		
19 (a) (Date rec'd by registrar) (b) (A) (Registrar)	Address 4617 East Steet Hery. Date signed Sept 54		
VS 3	Botherda Md.		

ALEASE WRITE

Maryland

(M id						
information carefully. The cof of death clearly and legisly.	1. PLACE OF DEATH: county				Street No. 8120 George	(E) OF DECEASED: conce of mother) Montgomery Maryland n limits, write RURAL and give neares town Rd. 3. (b) Social Security No None
4 had	4. Sex	5. Color or race	8.(a)Sing	rie, married, widowed, or divorced	MEDICA	L CERTIFICATION
rDING em of causes	Female	White		lowed	20. DATE OF DEATH Septemb	er 23, 1947.
BIN ry it the		6.(6) Name of husband or wife Joshua Gibson 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 11, 1861			21. I CERTIFY that death occurred on the date above stated; that I attended decease and that I last saw h last alive on 2 Immediate cause of death	
- G	8. AGE: Yea		Days 12	If less than one day	Malundan	
MARGIN RESER LAINLY, WITKUXFADING INK. especially important. Physicians: pl	13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 812 17. Bur (Burial, crematio	Housewill Short Lo Maryland Elizabe Maryland S. John George ial	ockard d eth Sc d Schnel town F	ouder 1 1 1 1 1 1 1 1 1 1 1 1 1	Oue to	thin 3 months of death) Oate of op. e to which death should be charged starnal causes, fill in the following; Oate of
n Ed Fd Si	(Burial, eremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Fort Lincoln Cemetery					

b) Social Security Number Non e FICATION . 6:10P. ; that I attended deceased from f death) h should be charged statistically in the following: Where did Injury occur? (City or town) (State) Injured at home, farm, industry, public place (where?) Masns of Injury



Reg. Dist. No. 216

3. (b) Social Security Number

None

1. PLACE OF DEATH:

County Montgomery County

Cabin John, Maryland

(If outside city or town limits, write RURAL and give nearest town)

information carefully. The of death clearly and legibly BINDING FOR RGIN RESERVED

WRITE PLEASE

CER	TIT	TCA	TE	OF	DE	TTE
CER		I C.A	I P.	OF	3) F. A	H I A

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ŀ	state Maryland county Montgomery
	Cliy or town Cabin John, Maryland (If outside city or town limits, write RURAL and give nearest town)
	Street No. 5th Street,
-	(If rural, give LOCATION)

Hospital Institution, or street address where death occurred: Now long in hospital or institution?.... 3. (a) FULL NAME GILL, Anna Eloise 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Divorced Edward August 3, 1888 deceased (mo., day, yr.) If less than one day 8. AGE: 9. Birthplace Washington, D. C. (Town, county, and state) 1D. Usual occupation..... 11. Industry or business Thomas E. Jones 13. Birthplace England Whales 14. Malden name Lovey 15. Birthplace Vermont 14. Maiden name Lovey Fleming 16. Informant Mrs. Laura E. Linkins Address 5th 7Street, Scabine John Maryland Date thereof 9./30./1.7. (day) (year) Cemetery or crematory Arlington National Cemetery Location Arlington, Virginia Address 7557 Wisconsin Ave., Bethesda, Md.

MEDICAL CERTIFICATION September 27, 1947 11:00Am 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Injured at home, farm, industry, public place (where?)



9-4-47

CERTIFICATE OF DEATH

•				
How long in above pi Hospital, Institution U. S. Na How long in hospita	Montgomery lethesda (ru If outside elty or town l lace of death?	ral) imits, write RURAL and give nearest town) mos, 9 days death occurred: 1, Bethesda, Maryland 5 mos, 9 days	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State D. C. County City or town Washington (If outside city or town limits, write RURA) Street No. 2205 K Street, Northwes (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Soc	L and give nearest town)
	OSS, Walter			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICA	TION
male	white	single	20. DATE DF DEATH 3 September	19.47 at 11:25 A
o. Adl.	***************************************	### 1887 Days If less than one day 114	3-24- and that I last saw h. im alive on 9-3- Immediate cause of death Children Muld Concern	19 47 OWATION
9. Birthplace 1D. Usual occupation of the state o	unknown	eounty, and state)	Due to	two med
		Gross	Other conditions Bayn do prou	WI- serom
12. Name	7771		Other conditions (Include pregnancy within 3 months of death	Heren on mai
HLOW 14. Maiden na	Mary JA	NE , 'deceased	(Include pregnancy within 3 months of death Major findings of operations	te of op.
16. InformantV.	e cerans adm	inistration Records	PHYSICIAN: Please underline the cause to which death shou	td be charged statistically.
Cemetery or cree		Oklahoma	22. VtOLENCE: If death was due to external causes, fill in the t Accident, suicide, or homicide Where did injury occur? (City or town) (Co	Date of
Location	Enid,	Oklahoma	Injured at home, farm, industry, public place (where?)	
1B. Funeral direct	w. W. Cha	mbers Co. a P	Means of injury Injure	d at work?

Address USNH, Bethesda, Md.

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UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legibly

RECEIVED

SEP 13 1947

BUREAT C &

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: County. Montage of DECEASED: County. Montage of Mark Mary and City or town Infants give residence of mother) State District of Columbia County How long in above place of death? Hospital, Institution, or street address where death occurred: When I was a street address where death occurred: Street No. 30 & Street Street No. 31 (If rural, give LOCATION) How long in hospital or institution? 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State District of Columbia County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 30 & Street Street No. 30 & Street Street No. 30 &	give nearest town)
City or town Take Take Mary and State Listense County County County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Street No. 306 Mary County County County City or town limits, write RURAL and give nearest town) Kow long in hospital or institution? Street No. 306 Mary County County City or town limits, write RURAL and give nearest town) (If rural, give LOCATION) Row long in hospital or institution? 2.(a) It veteran, name war.	give nearest town)
How long in above place of death? Dows (If outside city or town limits, write RURAL and g Hospital, Institution, or street address where death occurred: Street No. 3	
Hospital, Institution, or street address where death occurred: Street No. 306 Street S.	
How long in hospital or institution? 12 Day 3 2.(a) It veteran, name war.	A. A
How long in hospital or institution? 2.43 2.43 2.43 2.43 2.43 2.43 2.43 2.43	/
2 (a) CHILL NAME	V.
ANEIVIA VOIING HAIL	curity Number 16-0500
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATIO	N .11
MAKE WHITE MARRIED 20, DATE OF DEATH Sept 24 15	64 3 P
Ruth M. Hall 21. I CERTIFY that death occurred on the date above stated; that Lattend	
8.(c) If alive, give age years	./
7. Birth date of deceased (mo., day, yr.) December 19, 1891 Land that I last saw h	
8. AGE: Years Months Days It less than one day	Lucy of the state
55 Ins. min. fulnoman Centaret	270
8. Birthplace Alexandria Virginia Due to Comman allewsuless	Jes unters
10. Usual occupation Electrican Due to Amperence Conde	iac 1
11. Industry or business Out to the state of the state o	aspn
12. Name Frank Hall Dither conditions	
13. Birthplace Alexandria, Virginia (Include pregnancy within 3 months of death)	
Wiroinia Shock	
15. Birthplace Alexandria Virginia Date of operations. Date of operations.	n
16. Informant Mrs Truth M. Hall Autopsy results.	
Address 306 N Street 5. W. PHYSICIAN: Please underline the cause to which death should be c	harged statistically.
22. VIOLENCE: If death was due to external causes, fill in the tollowing	
17. Buffel, cremation, or removal. Which?) Date thereof Sept 29 9449 (month) (day) (year) Accident, suicide, or homicide	
A / // A + www. dd blum accord	(State)
Cemetery or crematory. Cedar Hill Cemetery Where did injury occur? (City or town) (County)	
	>> 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0
Location Svit land Mary land. Injured at home, farm, Industry, public place (where?) Injured at wor	
Location Suit land Mary land. Injured at home, farm, industry, public place (where?) 18. Funeral directors of injury Injured at work injury Injured I	
Location Svit land Mary land. Injured at home, farm, Industry, public place (where?)	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefuly. The correct age MARGIN RESERVED FOR BINDING

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SEP 26 1947

TTFE AU 8

MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH:

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MARGIN

WRITE

SE

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No.

County Montgomery County City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Suburban Hospital How long in hospital or institution?	(For newborn infants give residence of mother) State Maryland County Montgomery City or town Bethesda, Maryland (If outside city or town limits, write RURAL and give nesrest town) Street No. 4710 Jones Bridge Rd (If rural, give LOCATION) 2.(a) It veteran, name war	
3. (a) FULL NAME HUGH H. HAWLEY	3. (b) Social Security Number	
Male White Widowed W	MEDICAL CERTIFICATION 20. DATE DF DEATH Sept. 4, 19.47 217:43A.	
6.(b) Name of husband or wife Mary Milner Hawley deceased 7. Birth date of deceased (mo., day, yr.) Aug. 6, 1870	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-18-19-19-19-17-10-9-19-19-19-19-19-19-19-19-19-19-19-19-1	
8. AGE: Years Months Days If less than one day	Pneumonia - ferminal I day	
9. Birthplace Canada 10. Usual occupation Jeweler- Retired 11. Industry or business 12. Name John Hawley 13. Birthplace Canada 14. Malden name Unknown 15. Birthplace Canada	Due to	
16. Informant Mrs. George W. Wright (daughte Address 4710 Jones Bridge Rd. Bethesda, 17. Shipment 9/5/47 (Burlal, cremation, or removal, Which?) Cemetery or crematory Greenville Cemetery Location Hunt County, Texas. 18. Funeral director Least Address 7557 Wis. Ave. Bethesda, Marylan 19. (Date reed by registrar) 19. (Registrar) Registrar	PHYSICIAN: Please usederline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No. 223
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Hendry, Games C.	
6.(b) Name of husband or wife 6.(c) If alive, give age years	2D. DATE DF DEATH
7. Birth date of	and that I last saw h. A. A. S. alive on
8. AGE: Years Months Days II less than one day	Immediate cause of death DURATION (4)
9. Birthplace The Green Grown dounty, and state) 10. Usual occupation. Austral Clark 11. Industry or business City Tast Offic D.C. 13 12. Name. Provage to fore the last of	Due to Level Level Land Constitution of Constitutions of Manual Constitutions (2 yrs)
14. Malden name DESSIE KEENE 15. Birthpiace Flouida 16. informant Wash & an Records	(Include pregnuncy within 3 months of death) Majur findings of operations
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17 Removal Bate thereof Sept. 6-1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Location Che. A. C. M. Rainer Mainer Mainer Location Che. A. C. M. Rainer M.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director of my S. malling. Address 3200-8. J. ave. mt. Rainin md.	23. SIGNATURE Parsella. Dunn M. D.

PLEASE WRITE PLAINLY, WATH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No. 2.2.5
1. PLACE OF DEATH: County Mon Jamery City or town Tanoma Park, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Washington Sant Hosp. How long in hospital or institution? 3.5 Minutes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME EDWARD A. H.	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Cauc Morried	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19 49
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2./2.6
8. AGE: Years Months Days If less than one day 26	Immediate cause of death DURATION DURATION
9. Birthplace	Bue to. Departerone carlose Bue to. Departerone carlose Buer conditions
12. Name Edward 14 nes 13. Birthplace Unknown 14. Maiden name Susan Craig 15. Birthplace North Coroling Som Alphin Hines	(Include pregnancy within 3 months of death) Major findings of aperations. Date of op.
Address Defanse / sighway Lankom, Md. 17. Durusal Bate thereot Supt /9, 1947. (Burial, cremation, or removal, Whigh?) (Burial, cremation, or removal, Whigh?)	Antopsy results
Cemetery or cremator Nashington Mittle Consetary Location Suitland Rd., Md.	Where did Injury occur?
18. Funeral director Address Tule dale Traff 19. Self 19. 19. 19. 19. 19. 19. 19. 19. 19. Registrar Registrar	23. SIGNATURE Date Signed 24. SIGNATURE M. (D. or other Organical State of

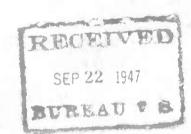
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2411 N. Charles St., Baltimore

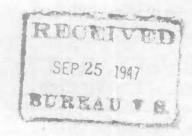
CERTIFICATE OF DEATH

S (18128

1. PLACE OF DEATH: Montgomery			•	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Westing And M. 26 Mgr street address where dealh occurred:		State Washington County King City or town Seattle (If outside city or town limits, write RURAL and give nearest town) Street No. 3634 W. Lawton St.		arest town)		
	Woodland			(If rural, give LOCATION) 2.(a) If veleran, name war		
3. (a) FULL N	al or institution?			. 2.(a) If veleran, name war	3. (b) Social Security	N-L-
3. (a) TOLL III	Francis	16 7	Hodge		none	Manuet
4. Sex male	5. Cotor or race White		e, married, widowed, or diffreed	MEDICAL 20. DATE OF DEATH	CERTIFICATION 2.2- 19.5.7	1/2:30 1
			c) if alive, give ageyeai	21. I CERTIFY that death occurred on the date	above stated: that I attended dece	ased from
deceased (mo., o	lay, yr.) Jan.	18th.	1947	Immediate cause of death		
8. AGE:	Years Months	Days 4	If less than one day	asphysia		Bound of
10. Usual occupat	9. Birthplace Seattle Wash (Town, county, and state) 10. Usual occupation X 11. Industry or business			Due to. Utmitus	Mustras	
	Frank E.			Other conditions	6	
13. Birthplace Detroit, Mich. 14. Malden name. Margaret Thomas 15. Birthplace Toledo, Ohio. 18. Informant. Mrs. Frank F. Hodge Address 9228 Woodland Dr. Silver Spg.				(Include pregnancy within		
				PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
	rial ation, or removat. While matory Arlin		eof 9/24/1947 (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	utal Date of 9.	22-47 mg (State)
LocationAl	Location Arlington Co., Virginia.			Injured at home, farm, industry, public place	(where?)	•
	18. Funeral director Warne & Bumphrey Address Silver Spring, Md. 19. Sept >3 1947 Josephine in Johneffe				Broschact.	m.d.
				23. SIGNATURE	M. D.	or other
(Date rec'd b	y registrar)	1 /1	Registra	F Address destal the	Date signed.	7-21-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

			12/20/20
Reg.	Diat.	No.	A

		Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOMI	E) OF DECEASED:
County Montgomery		county Montgomery
City or town	. 1	
How long in above place of death?	City or town	rk limits, write RURAL and give nearest town)
HONNIKIKAXAstreet address where death occurred: 205 Buffalo Ave.	Street No. 205 Buffal	O AVE.
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
6 1		577-03-0442
4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
male white married		19.54.7 , et Sien
6.(b) Name of husband or wife Edith Waever		te above stated; that I attended deceased from
7. Birth date of	irs Lip med E	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) Jan. 29th. 1883	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Immediate Cluse of death	
64 7 2hrsml		cheson 24
9. Birthplace Washington, D. C. (Town, county, and state)	Due to.	7-0
1D. Usual occupation President	UE 10	
11. Industry or business Progressive Bldg. & Loan		
E 12. Name	Dther conditions	
3 13. Birthplace Unknown	(Include pregnancy wit	hin 3 months of death)
14. Maiden name Alice Smart		
15. Birthplace Unknown		
16. Informant Mrs. Edith Weaver Holmes	Autopsy results	
Address 205 Buffalo Ave. Takoma Pk.	PHYSICIAN: Please underline the cause	to which death should be charged statistically.
- / - /	22. VIOLENCE: If death was due to exter	
(Burial, cremation, or removal, Which?) Date thereof. 9/4/47 (month) (day) (year)		Date of
Cemetery or crematory Cedar Hill	Where did injury occur?(City or t	own) (County) (State)
	Injured at home, farm, industry, public pla	ce (where?)
Suitland, Pr. Geo's Co. Md.		
Lilania & Dimbo	Means of Injury	tnjured at work?
18. Funeral director. Worker & Pumphray	Means of Injury	Broschart m. J.
Lilania & Dimbo	Means of Injury 1 723. SIGNATURE	

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SEP 6 1947

BUREAU * 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		No.	MY
Reg.	Diat.	No	1. F

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mont you exy	State MAIX/IHM County Montgo wery
City or town. A. KOMA YARK (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or lown (If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where doubt occurred:	Street No. 45 Pop /AR.
3 pring Villy CONU. HOME.	Street No
How long in hospital or institution? 18 day 5	2.(a) It veteran, name war
3. (a) FULL NAME	
HENRY H HOSMER	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mark white widowed	20. DATE OF DEATH. Sept 18 1947 21. 12 43
S.(b) Name of husband or wife	21. I CEBSIFY that death occurred on the date above stated: that I attended deceased from
A STATE OF THE PARTY OF THE PAR	Sept 2 1947 10 sept /8 1947
7. Birth dato ot A	and that I last saw h. 1.203 alive on sept 1.7 19.47
deceased (mo., day, yr.) 144431 111 106	DURATION
8. AGE: Years Month's Days these than one day	myocashial Failure
85 /hrsmin.	
9. Birthplace NASh ville III.	Duo 10. Cornary Infarction
(10wh, county, and state)	
10. Usual occupation Returned lawyer.	Due to asteris scleible Heart Dinace
11, Industry or business	Due 10.
	Other conditions Semerale ed aneuvreleurs
	Dther conditions Multiple
	(Include pregnancy within 3 months of death)
14. Maiden name CATheR INC GOSNEY 15. Birthplace Ohio	Major findings of operations.
S 15. Birthplace Ohio	Date of op.
16, Informant A sward Hosmer	Antepsy results.
	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address 50 27 - Reno Rd. Wash. DC.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Cunation (Burial cremation or removal Which?) Bate Ihoroot Stat. (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or remoyal, Which?) . (day) (year) Cemelery or crematory	
Cemelery or crematory	Where did injury occur? (City or town) (County) (State)
Location	injured al home, farm, industry, public placo (where?)
18. Funeral director. The 5H. Hives Co-	Means of tnjury Injured at work?
Address 2901 14th St NW. WASH. D.C.	a source bleau V. Harding MS
0 1 2 1 2 1	M. D. or other
19. Set 18 19 17 Joephin M. Redspar	Address / 2 assolf St M. Date signed 9-18-4
	ware a_

SEP 19 1947

- 6 J

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

216

				Keg. Dist. 140
1. PLACE OF DEATH: Gounty Montgomery		2. USUAL RESIDENCE (HOME) O (For newhorn infants give residence of	mother)	
Rathards (mums)		State Maryland County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 hour		City or townLincoln Park ()	Rockville) s, write RURAL and give nearest town)	
Hospital, institution,	or street address where	death occurred: 1. Bethesda, Maryland	Street No. Box 161	
		hour hour	(If ruro), give WW II	LOCATION)
3. (a) FULL NA	ME			3. (b) Social Security Number
	CKSON, Thom	as J.		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
male	Negro	single	2D. DATE DF DEATH 5 Septem	ber 19 47 316:45 P
6.(b) Name of husba	and or wife		21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from
		6.(c) If alive, give age years		47 10 9-5- 19 47
7. Birth date of deceased (mo., da		ptember 1924	and that I last saw himalive on9:	
	ears Months	Days If less than one day	Immediate cause of death	OURATION
b. AGE.	2 11	16 hrs. min.	Hemorhage, Sub	
9. Birthplace Maryland (Town, county, and state)		spontaneone (come		
		Does your suspecte		
an D. alasanaka			X malon a rosses	can)
1D. Usual occupation		Due to		
12. Name Rubin Waters 13. Birthplace Maryland			Dther conditions	
			(Include pregnancy within 3	months of death)
14. Maiden name Gertrude Jackson 15. Birthplace Maryland		Major fiodings of operations		
15. Birthplace	Maryland			Date of op.
16. Informant Mother: Mrs. Gertrude Jackson		Aotopsy results Maraire Suls	arachnoid hemor have	
Davids Marris and hard		PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
		22. VIOLENCE: If death was due to external car	uses, fill in the following;	
17 burial Date thereof (month) (day) (year)		Accident, suicide, or homicide	Date of	
Cemetery or crematory. St. Rose Cemetery		Where did Injury occur?(City or town)	(County) (State)	
		Injured at home, farm, Industry, public place (w		
		yland E.V.	Means of injury	Injured at work?
1B. Funeral directo	, Ernest C	Gartner C.V.	magnis or injury	O
Address Ga	ithersburg,	Maryland	Jan St	ADD MC HEN
61	117	Leavellas letto bist	23. SIGNATURE FAUL R. A. BINGLE	ODR MC USN M. D. or other
19. (Date rec'd by	registrar)	Registrar		
19. 9-6 (Date rec'd by registrar) 19. 47 Casy Garlottle Swith Registrar		Address USNH, Bethesda, M	d. Date signed 9-6-47	

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SEF 13 1947

BUREAU VS

2411 N. Charles St., Baltimore

City or town.

Street No.

1310

(If outside city or town limits, write RURAL and give nearest town)

(For newborn infants give residence of mother)

Washington

216

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:

1. PLACE OF D	EATH:	
County Mont	ogomer,	
City or town	Bethesda (r	ural)
(1	f outside eity or town	limits, write RURAL and give nearest town)
How long in above pla	ace of death?	mos, 9 days
Mocnital Incitivition	or ctrool address where	death accurred.
		l, Bethesda, Maryland
How long in hospital	or Institution?	3 mos, 9 days
3. (a) FULL NA		
	JARRETT	Edward Alanzo
	5. Color or race	6.(a)Single, married, widowed, or divorced
4. Sex		
male	white	married
	3.4	Mamie K. Jarrett
7. Birth date of	y, yr.) 25 Dec	6.(c) If alive, give ageyears
	ars Months	Days If less than one day
o. AGE.		
	67 9	1
n 8: Halan (Ohio	
	(Town,	, county, and state)
10 lieusi eccusatio	Retire	d
	ess Civil	Service
里 12. Name	Eli Jarre	tt
13. Birthplace	West Vir	ginia, deceased
12. Name 13. Birthplace 14. Malden nam 15. Birthplace	e Hattie	Vetura
본 14. Malden nam		
€ 15. Birthplace	West Vir	ginia, deceased
16. Informant	ife: Mrs.	Mamie K. Jarrett
Address 1530	O A St., NE	, Washington, D. C.
17. Buria	on, or removal. Which?	Date thereof (gonth) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Address 4th & Mass ..

Lee Funeral Home

Cedar Hill, Maryland

Washington o

.A. Street, Northeast (If rural, give LOCATION)
Spanish-American War 3. (b) Social Security Number MEDICAL CERTIFICATION 26 September 20. DATE OF DEATH Immediate cause of death CORONARY THROMB and myocardia Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following Where did Injury occur? Injured at home, farm, industry, public place (where?)

Registrar | Address USNH, Bethesda, Maryland

C. Supply every i RESERVED RGIN WITH UNF especially PLAINLY, is especially WRITI

information care of death clearly

BINDING

FOR

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VS A15 9.45-15M PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08133

CERTIFICATE OF DEATH

- Dist No 714

CERTI	IFICATE OF DEATH	Reg. Dist. No	7 1 1
County City or town City or town City or town in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Charles Hewry Johns	Street No. 8808 Man. (If rurr 2.(a) If veleran, name war. Funt	IE) OF DECEASED: ence of mother) County Wantgown cla in limits, write RURAL and give no A Street al, give LOCATION) World war 3. (b) Social Security	earest town)
4. Sex 4. Sex 5. Color or race 4. Sex 4. Sex 6. (a) Single, married, widowed, or div 4. Sex 6. (b) Name of husband or wite 6. (c) Name of husband or wite 6. (c) If allive, give age 4. Sex 6. (a) Single, married, widowed, or div 6. (b) Name of husband or wite	2D. DATE DF DEATH. Sexten 2D. DATE DF DEATH. Sexten 21. I CERTIFY that death occurred on the 22. DATE DF DEATH. Sexten	1947 to September	ceased from
7. Birth date of deceased (mo., day, yr.) Decluber 31, 1891 8. AGE: Years Months Days It less than one day 55 8 26 22. hrs. 9. Birthplace. Hali fax County Virginia (Town, county, and state) 10. Usual occupation. Farmer and carpents 11. Industry or business Zoverments employ	Immediate cause of death	the colou	DURATION Diagnosi waste July 194 at Mass Hospital Bethesela Mod
14. Maiden name Mary Ella Oiscou 15. Birthplace Halifas County, Virgi 16. Intermant Marion & Johnson	Major fiodings of operations. Aotopsy resolts.	Date of op	
Address 880 8 Count St. 19 genes of 17. (Burial, cremation, or removal Which?) Location 18. Funeral director.	22. VIOLENCE: It death was due to extend	Date of town) (County)	(State)
Address 366-4 A NE-D. 19. Sept 8 (Date fee'd by registrar)	23. SIGHATURE Paula Exister Address 87/2 Old Geor	E. Mahler M. D. getowa Ralpate signer	M. D. D. or other d 9/27, 47

RECEIVED SEP 30 1947 BURLAU

WRITE

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PLEAS

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SA

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

2. USUAL RESIDENCE (HOME) OF DECEASED:

08134

CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

County MOIT CROMETY	TO O
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	State. D. C. County
(if outside city or town limits, write RURAL and give nearest town)	City or town Washington
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 470I Homes Ave S E
8I04 Rockcrest Drive	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Louise Rawlings Johnson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH Sept 24 1847, at 11:00 Pm
Ti 3 T	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife Fred Johnson	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	18 10 10 19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Jan, #4 1874	Immediais cause of death
8. AGE: Years Months Days It less than one day	neralive myo constati
73 8. 20hrsmin	- County
Snotsylvania Co Va	
9. Birthplace Spotsylvania Co. Va. (Town, county, and state)	. Que to
10, Usual occupation	Due to
11, industry or business	
[12. Name James Rowlings	Diher conditions Ally Market Anna Conditions
Vo.	uner conditions
E. 113. Sirtiplace	(Include pregnancy within 3 months of death)
E 14. Maiden name. Clara Boggs	
14. Maiden name Clara Boggs 15. Birthplace Va	Major fiedings of operations.
16. Interment James A Johnson	Actopsy results.
Address 470I Homes Ave. S E	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
111111111111111111111111111111111111111	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Rock Creek Cem. Cemetery or crematory	
Cemetery or crematory ROCK	Where did injury occur?
Washing total 2 0	Injured at home, farm, industry, public place (where?)
Location 1812 W Sono 1	Msans of Injury Injured at work?
18. Funeral director	11 1
Address 300-4 th St 795-	Il An An work them Als Us
ADDIESS OF THE PARTY OF THE PAR	23. SIGNATURE
50 St. 25 1047 alruda & Conkl	2 15 1/16 M. D. or other
(Dat rec'd by registrar) Registra	Address (O) // (New Bate signed)/2.5/4/5



This boy had but palsy ceus was mentally deficient and had never walked or been able to as-



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(18136 Reg. Diat. No. 2/7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Many grandy	and a an t
(If outside city or town limits, write RURAL and give nearest town)	State // Conf Land County // Cond & Done of
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. R = D # 3
Montgomeny Country Deneral Hopel	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HENRY KELLY	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M NEGRO Married	20. DATE OF DEATH September 7 19 47 at 12 50 pm
6, (b) Name of husband or wife Cannie Telly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	august 21 1947 to Septenber 7 1947
7. Birth date of	and that I last saw h. Lam. alive on September 7, 19 47
deceased (mo., day, yr.) March 76 1866	Immediais cause of death Card drane dansuffici. DURATION
8. AGE: Years Months Days If less than one day	00 7 30 + da
81 5 12hrsmin.	
9. Birthpiace (Town, county, and state) Manyland	Due to Clathia Elevelin Head Distance ? Menos
10. Usual occupation 22 cond	B. 1-
11, industry or business	Due to
	Other conditions Palemenary Filmis + England & Manne
	Include pregnancy within 3 months of death) Terting Sphillis - Ralent
14. Malden name Elizabets Johnson 15. Birthplace ? Manyland	Major findings of operations.
21 15. Birthplace : Many land	Date of op
16. informant Usassel Welly	Autopsy results
Address Rochville Rt (43	
17 Burial Date thereof Sept. 10, 1947	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or remova) Which?)	Accident, sulcide, or homicide
Cemetery or crematory. Drang Street Cauch Com.	Where did injury occur?
Location Sandy Spring and.	Injured at home, farm, Industry, public place (where?)
Phent & May Son	Means of Injury tnjured at work?
18. Funeral director	:01 0 01
Address Tockvilles maryland	23 SIGNATURE COLOR STATE OF SIGNATURE COLOR ST
" 9-10- 117 Sext tholes Lawle	Q A Color of M. D. on other
(Date ree'd by registrar) Registrar	Address Canaly Soul Major signed / 7/114

SEP 18 1947

SEP181947

16/2

CERTIFICATE OF DEATH

	Aces. Dist. 10. III. III.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mon + 90 mery	State Mary and County Mantagemery
City or town. (If outside city or town limits, write RURAL and give nearest town)	
low long in above place of death? 15 MIN	City or town 5/05/ 59/1009 (if outside city or tow) limits, wite RURAL and give nearest town)
tospital, institution, or street address where death occurred:	Restreat No. Lay 4111
The Montgomery County Geneval Hospital of	(ifroral, give LOCATION)
ion iong in nooptial of	2.(a) If veteran, name war
INFANT GIRLK	3. (b) Social Security Number
1. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Single.	20. DATE OF DEATH. Systember 14 19 47 21 7.05 P
B.(b) Name of husband or wife No Me	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	9/14 1947 10 9/4 1947
1. Birth date of deceased (mo., day, yr.) September 14, 1947	and that I last saw h. C. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
15 min.	
alver Mantenmen Co Man land	Due to Generilzed Hydrops foetalis
9. Birthplace Clney (Town, country, and state)	Due to.
10. Usual occupation	Bue to.
1, Industry or business	500 (7.
12 Name Aubrey Brook Bucces	Other conditions
12. Name. H. 4. brey 10 rook 10 4/1155 13. Birthplace Layhill, Md.	
14. Maiden name Lucille Anna Knight.	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Bale of on.
16. Informant Hospital records.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address OLNey - Md.	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur?
Location LAUNLL Md	Injured al home, farm, Industry, public place (where?)
18. Funeral director Wina Leader Complexy	Means of Injury Injured al work?
Address Ratherda, Ind.	23, SIGNATURE Rachard a. Mates m. D.
19. Sept 14 1947 Statudes Lawle (Date fee'd by registrar) Registrar	Address RFD#3 Rockille md Date signed 9/14/47

PUBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information cane is especially important. Physicians: please write the causes of death clears. ARGIN RESERVED FOR BINDING

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08138

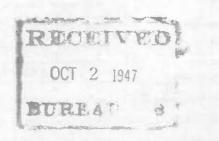
CERTIFICATE OF DEATH

217

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MUNTGOMERY	
City or town	State MARYLAND County MANTGOMERY
(If outside city or town/lmits, write RURAL and give nearest town)	Cily or town Dear Clauer / V. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nyspital, institution, or effect address kindle death souther.	Street No. Rock wille Md. R # 3 (If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
5/1 + 12.	578-07-37/8
A Sex 5. Color or reco 8.(a) Single, merried, widowed, or divorced	
4. Sex 3. Color of fects 6.(2) Single, merited, widowed, pri directed	MEDICAL CERTIFICATION
MALE White Married	20. DATE OF DEATH Septemben 23 19 47 et 9:45
8.(b) Name of husband or wife Bessle Miebe King	
5.(c) If elive, give ege 40 yee	Sept. 1947, to Sept. 23 194 end thet I last saw h 1.18 alive on Sept. 23 194
7. Birth dete of deceased (mo., day, yr.) 7-0 90st 9 1892	
8. AGE: Years Months Days If less than one dey	Immediate cause of death PRIMARY CACCINAMA DURAT
55 / 14hrsml	of the lungs from
	M3tc
9. Birthplace District of Columbia (Town, county, and state)	Due to
10. Usual occupation Acto Mechanic	
	Due to
t1. Industry or business	
E 12. Name William E Ring	Other conditions
13. Birthplece District of Columbia	(Include pregnancy within 3 months of death)
14. Maiden name Annie Crump 15. Birthplace	
	Major findings of operations
16. Informant MPS J. P. KING	Autopsy results
Address PACKUILLY Md. P. #3	PHYSICIAN: Please underline the cause to which death should he charged statistically.
B. S.	22. VIOLENCE: If deeth wes due to externel ceuees, fill in the following;
(Burlal, cremation, or removal. Which?) Deto thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or arematory	Where did injury occur?
Location Jarest Class The T	
18. Funerel director Lay 21 Bather!	Meens of Injury Injured at work?
	61. 8- 161.01
Addrese & Cylon salle my	23. SIGNATURE MOSIONARUSTON
10 Sept 25- 1947 Fertrude B Lawler	M. D. or when
(Date rec'd by registrar) Registrs	ar Address May Deto signed 1/2 2/4

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VS A15 9.45-15M



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08139 Reg. Dist. No. 216

1. PLACE OF DEATH: County) RURAL and give nearest town) A half days d: thesda, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State	nearest town)	
4. Sex	5. Cotor or race		te, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white		single	20. DATE OF DEATH 23 September 1947 19	.6:50 A
6.(b) Name of husband or wife		(c) If ative, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-21-		
	ears Months	Days 11.2		Immediate (Suse of Geath	16 11-
1D. Usual occupati	iness	none	y, Maryland	Due to.	
12 Name Archibald I. Koester 13 Birthptace West Virginia		9.5.1	Other conditions		
14. Maiden name Hilda Mae Plantz 15. Birthplace West Virginia 16. Informant Father: Mr. Archibald I. Koester Address 605 Cedar La, Falls Church, Virginia			(Include pregnancy within 3 months of death) Major fiedings of operations	Α	
			Actors results toufismed the above anne g dout PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 605 Cedar Ba, Falls Onuter, Virginia 17. burial (Burial, cremation, or removal Which?) Cemetery or crematory Arlington National Cemetery		reof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Arlington, Virginia			tnjured at home, farm, Industry, public place (where?)		
18. Funeral director. W. W. Chambers R.m.w.			Means of Injury Injured at work?		
Address 3072 M St., NW, Washington, D. C.		ington, D. C.	SIGNATURE PAUL PETERSON, CAPT MC US Address USNH, Bethesda, Maryland Date sign	D. or other	

RECORD 1947
SEP 30 1947

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 9 4 0

CERTIFICATE OF DEATH

2411 N. C	Charles St., Baltimore 9 4 a	
CERTIFIC	CATE OF DEATH Reg. Dist. N	io. 514
City or lown. (1f outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long in above place of death?	Street No. 2 (If outside city or town limits, write RUKAL and g	lu.
How long in hospital or institution?	2.(a) If veteran, name war	
Jana B. League	3. (b) Social Sec	
4. Sex 5. Color or race 6.(a) Single, married, Mydowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 19.	
6,(b) Name of husband or wife	21. I CERTIFY that death occupied on the date above stated; that I attend	ed deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on	OURATION
8. AGE: Years Months Days If less than one day 2 2hrs.	. min. Coronary reclusion	de la composition della compos
9. Birthplace	Due to.	- I
10. Usual occupation. Machine 11. Industry or business hay yard	Due to	
12. Name Danie B Lague 13. Birthpique was	Dther conditions	
14. Maiden name Pracus Brewn 15. Birthplace M. P.	(Include pregnancy within 8 months of death) Major findings of operations.	
El 15. Birthpiace M. C. 16. Informany Margary Stripler	Antopsy results	1
Address 12/2 Afronds Phurding St. 17 Punal Date thereof Sels V. 20419	PHYSICIAN: Ptease underline the cause to which death should be co	
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (Jonnth) (day) (year	Accident, suicide, or homicide	(State)
Location Sightland i manufan	Injured at home, farm, industry, public place (where?)	
Address / 3 / / / M I NE Wash &	Frank J. Broschart	md.
10 Sept 17 10 47 Jumplumore John	elle 11 -	M. D. or other

SEP 19 1947
BUREAU 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

· · · · · · · · · · · · · · · · · · ·	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Mar. y. a. y. County. Mon. t. g. o. w. e. y. City or town. S. a. y. y. S. y.
3. (a) FULL NAME Edgar L. Leves que 4. Sex 5. Color or race 8. (a) Singly, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Male White Married 6.(b) Name of husband or wife Margaret Leves que 6.(c) If alive, give age 4.3 years	20. DATE DF DEATH. September 6, 1947 19.47 at 4:21 A. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) December 29, 1903 8. AGE: Years Months Days If less than one day 43 8 7hrs. min.	and that I last saw h
9. Birthplace (Towy, county, and state) 10. Usual occupation (Towy, county, and state) 11. Industry or business Restaurateur	Due to. Circhons of Livin ? 1900
12. Name JOSEPH LEVESQUE 13. Birthplace Candola	Dither conditions
16. Informant Prays and Lever green	Major fieldings of operations
Address Ac Concharge Date thereof State Mad 17. (Burial, Temation, or removal, Which?) Cemetery or crematory Tray h 4.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Troy May 18. Funerat director W. W. Chambers Co.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
19. Sept 6 19. 4.7 Saturdells Jawbs (Date rec'd by registrar) Registrar	23. SIGNATURE Difference of Employment M. D. or other, Address Jan Lang M. Date signed 7, 6,47

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

SEP1 81947

PLEASE WRITE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

08142

216

Reg			Reg. Dist. No.
1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	
Cily or town. Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above piece of death? Hospital, institution, or street eddress where death occurred: U. S. Naval Hospital, Bethesda, Maryland How long in hospital or institution? 5 mos 14 days		State D. C. County City or town Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 1916 Calvert Street, Northwest (If rural, give LOCATION) 2.(a) If veteral, name wer.	
LOAN	Roy William		
4. Sex 5. Color or rece	6.(a)Single, merried, widowed, or divorced	MEDICAL C	ERTIFICATION
male White	married		er 19.47 a111:50 A
6.(b) Name of husband or wife		21. I CERTIFY that deeth occurred on the date ebuting 11-3- 19. and the 1! last saw h im alive on	47 10 9-17- 19 47
deceased (mo., day, yr.) 18 Decei	mber 1897	Immediate cause of death	DURATION
8. AGE: Yeers Months	Days If less than one day	angiosacone	with metadali
9. Birthplace	minal, Wash., D. C.	Due 10. Original Carib	
13. Birthplace Virginia		Other conditions Cashapete	
14. Malden name Mary All 15. Birthplace Virgini 16. Informent Wife: Mrs. V	en deceased	(Include pregnancy within 3 Major findings of operations. Explored	my one palvie laser
16. Informent Wife: Mrs. V	iola Loan	Antonay results angiorani	
Address 1916 Calvert S	t., NW, Washington, D.C.	PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If deeth was due to external ce	
Burial Dete thereof 9 19 47 (Burial, cremation, or removal, Which?) (month) (day) (year)		Accident, suicide, or homicide	Date of
Cemetery or crematory Arlingto		Where did Injury occur?(City or town)	
Location Arlington, Virginia		Injured et home, farm, Industry, public plece (v Means of Injury	Injured el work?
18. Funeral director. W. W. Cham		Whisley	,
0 17 1/7	reet, NW, Wash., D, C.		G, GDR MC USN
19. ————————————————————————————————————	Mary Registrar	Address USNH, Bethesda, M	d. Date signed 9-17-47

RECEIVED

SEP 24 1947

BUREAL

2411 N. Charles St., Baltimore

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08143

CERTIFICATE OF DEATH

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		FIRM
	Reg. Dist. No.	

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	state Maryland county Montgomery. Rockville.
How long In above place of death? 1 year	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 226 East middle lane. (If rural, give LOCATION)
How long In hospitat or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sadie Lyons	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F B widow	20. DATE OF DEATH. Sept. 22 19.47 21.5.1.01
6.(b) Name of husband or wife James Lyons	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 19.47 to Sept 22 19.47
7. Birth date of	and that I last saw h. & P. alive on Sept 21, 1947 19
deceased (mo., day, yr.) April 14, 1891 8. AGE: Years Months Days If less than one day	Immediate cause of death
56 7 9	Cerebral hemmorhage. lw
9. Birthplace (Town, county, and state)	Bue to Hypertension 5 y
Anua har beat	
10. Usual occupation	Que to
F 12. Name Promise Williams	Other conditions
X 13. Birthplace Virginia.	(Include pregnancy within 3 months of death)
14. Maiden name. Louise 15. Birthplace Virginia. 16. Informant CHarles Walker, son	Major findings of operations
S 15. Birthplace Virginia.	Date of op.
16. informant CHarles Walker, son	Autopsy results
Address 226 E Middle Lane, Rockvill	nervereray Dt
17. B. writel Date thereof Light 25 (Burial, cremation, or removal, Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory Planes Lat. Incation Land, Mansland	Where did injury occur?
Location DO	Means of Injury Injured at work?
18. Funeral director A. A. Showard St. A. Showard S	2.1 Mille Cept
Address 246 M. Wask, M. Joekulle,	23. SIGNATURE
19. State of Junior	egistrar address Rockville Md Date slened 0.23.47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the domest age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED SEP 27 1947 BUREA 8 2411 N. Charles St., Baltimore

08144

CERTIFICATE OF DEATH

216

1. PLACE OF DEATH: Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Pa+	hacda (min	1/5		State Virginia County
(It outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 mos 28 days			URAL and give nearest town)	Cily or town Charlesville (If outside city or town limits, write RURAL and give nearest town)
How long in above place	of death?	mos 20	days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or			esda, Maryland	Street No. 111 Shamrock Road
U. D. Nave	3 T UOS DT PST	moe 28	gone gangaman	(If rural, give LOCATION) (2 (a) If yelerin, name war. WW I & II
How long in hospital or institution? 3 mos 28 days				2.(2) Il feletan, name was
3. (a) FULL NAM	E			3. (b) Social Security Number
MC	GUIGAN		n Stephen	
4. Sex	5. Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
male	white		married	20. DATE DF DEATH 16 September 19 47 at 6:00 A
			ss McGuigan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-19-
7. Birth date of	26 Dag	ember) If alive, give age	and that I last saw h im alive on 9-16-
deceased (mo., day,)	(r.) 20 Dec	enner.	1005	Immediate cause of death
8. AGE: Years		Days	If less than one day	Metastatic asenocarimona guis
61	8	21	hrs	min.
9. Birthplace		eounty, and s	rps Retired	Due to alleraciones, protesso deselfin
11. Industry or busines				Que to
	Bethe McGui	gan		Diher conditions
E	Ireland,			Ulner conditions
13. Birthplace				(Include pregnancy within 3 months of death)
14. Malden name.	Mary Appr	en'y		Major findings of operations.
S 15. Birthplace	Ireland,	decea	sed	Date of op.
14. Maiden name. 15. Birthplace 16. Informant Wiff	e: Mrs. N	antibe	ss McGuigan	Antopsy results
			arlesville, Va.	PHYSICIAN. Please underline the cause to which death should be charged statistically.
			1 10	22, VIOLENCE: It death was due to external causes, till in the following:
17. Burial cremation	or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide
			ional	Where did Injury Occur?
Location Arli	ngton, Vir	ginia		Injured at home, farm, industry, public place (where?)
	_	_	uneral Home RA	Means of Injury Injured al work?
44				1 10 1 11 11 11
Address 041 F	St., NE,	wasn.,	D. U.	1 23 SECATURE ALM S. Mary Montage all KTHE MCC
19. 9-16. (Date rec'd by re	gistrar) 19 47	14	uary Charlott	Trace Address 1. S. NAM. HOLD, BENEGA. Date signed 9.16.47.

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UNFADING INK. Supply every item of information can ant. Physicians: please write the causes of death clearly

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PLEASE WRITE

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SEP 24 1947

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WITH UNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and le

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2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

08145

Reg. Dist. No. 223

	axog, some trongomentalism
1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mantgameny	
City or fown	State Dist. OF Col County
	City or town Washing to M. D. C. (If outside city br town limits, write RURAL and give nearest town)
How long in above place of death?	
Mash may ten Sanitanum + Hospital	Street No. 73/ FOAM Place N.W. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
M: 1/es MI FIMER F	read to be a should be a second
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	6/28 47. 65
Male White Markied	20. DATE OF DEATH
6.(b) Name of husband or wife ALLA miller	21. I CERTIFY that death occurred on the date above stated; that I attended receased from
6.(c) If alive, give age	19 3 3, 10 19 9
7. Birth date of	and that I last saw ham alive on 9/24/1947
deceased (mo., day, yr.) March 22,1863	Immediate cause of death
8. AGE: Years Months Days It less than one day	
84 6hrsmin.	Cleul Urima 3day
louge wille Tailiana	
9. Birthplace Sones Yille Tad and (Town, county, and state)	Due to a artificiano
10. Usual occupation Go & & & Ment Worker Petis	
	Due to.
11, Industry or business	The action
12. Name Mt John A Miller 13. Sirthplace Knoy County Ohio	Other conditions continue Till death, Probable gen,
I 13. Birthplace Kno & County Ohio	arterioseferosis is chief condition for cause of death.
	(Include pregnancy within 3 months of death)
14. Maiden name Flowing Critch Field 15. Birthplace Knoy County, Ohio	Major fiodiogs of operations.
El 15. Birthplace Mnoy County, Ohio	Date of op.
16. Informant Washington Samitanium + Hospital	Actopsy resolts Mond
1 ecohds	PHYSICIAN: Please onderline the caose te which death shootd be charged statistically.
Address Jakoma Pank, Many land	22. VIOLENCE: If death was due to externat causes, fill in the following;
17 Durist Date thereof July . 20, 1747,	Accident, suicide, or homicide
(Burial, cremation, or removal, White!) (month) (day) (year)	
Cemetery or crematory	Whera did injury occur? (City or town) (County) (State)
Location Sasting for De-	Injured at home, farm, industry public place (where?)
ORW. A DOUNG.	Meana of Injury Injured at work?
18. Funeral director	
Address 254 Barroll St. M. N. Sapma Vara D. Co	Howard & more hund
1 4 as in Stillem Diddl	23. SIGNAFORE M. D. or other
19. (Date red day registrar) Registrar	Address
(Date rec'd by registrar) Registrar	11 Audress

OCT 1 1947
BUREAU * 8

(State)

M. D. or other

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED; 1. PLACE OF DEATH: information carefully. The (if outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospilal, Institution, or street address where Beath occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sax MEDICAL CERTIFICATION every item of i Supply ever 7. 6irth date of deceased (mo., day, yr.) Immediate cause of death To Monde 8. AGE: tf less than one day ADING INK. Supr Physicians: please 21 0 (Town, county, and state) 10. Usual occupation. 11. Industry or business 12 Name ... WITH UNF. 13. Birtholace (Include pregnancy within 3 months of death) PLAINLY, V is especially i PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... (mouth) (day) (year) (Burial, cremation, or removal. Which?) Where did Injury occur? (County) (City or town) injured at home, farm, industry, public place (where?) Injured at work? Means of Injury t8. Funeral director PLEASE (Dute rec'd by registrar)

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VS A15

PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

County Montgomery Silver Spring				(For newborn infants give residence of	f mother)	v
City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? BENEXIMMOCE street address where death occurred: 8515 Cedar St.			d:	City or town SILVER SPR (if outside city or town limi Street No. 8515 Cedar S	ING	
How long in hospital	or Institution?	•••••	***************************************	2.(a) If veteran, name war		***************************************
3. (a) FULL NAM	FRANK L	EE M	ORTIMER		3. (b) Social Security none	Number
4. Sex male	5. Color or race White		e, married, widowed, or divorced dowed	MEDICAL C	ERTIFICATION 2 8 47	16:084
			c) It alive, give ageyears	21. I CERTIFY that death occurred on the date ab	bove stated; that I attended dece 47 to Sept. 2 Sept. 27	19.47
8. AGE: Year 81		Days 14	It less than one dayhrsmin.	Immediate cause of death Beower		
	Retire		G., a	Due to. Due to.		
12. Name	ohn T. M Wash. D	. C.	ett	Dther conditions		
15. Birthplace	Wash. D.	C.	Price	Major findings of operations	Date ot op	
17	or removal. Which?	Date there town	ilver Spring. 101 9/30/47 (mouth) (day) (year) Meth't Church 2/Co. Md 1/m 1/m 1/m 1/m 1/m 1/m 1/m 1/	PHYSICIAN: Please underline the canse to w 22. VIOLENCE: If death was due to external can Accident, suicide, or homicide	which death should he charged uses, fill in the following: Date of (County)	(State)



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14. Malden na 15. Birthplace

Address

14. Malden name.

17 Burial
(Burial, cremation, or removal, Which?)

BINDING

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correct age

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DR. DE	910 /1923	PARS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Silver Spring

08148

County Montgomery

Reg. Dist. No. 223-

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) . PLACE OF DEATH: Montgomery Takoma Park (If outside city or town limits, write RURAL and give nearest town) 25 Days Hospital Institution, or street address where death occurred: How long in hospital or institution? 22 Days 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 4. Sex White Widowed Female Charles H. Neely 6.(c) It alive, give ageyear 7. Birth date of deceased (mo., day, yr.) December If less than one day 8. AGE: Years 71 25hrs. Washington, D. C. (Town, county, and state) 9. Birthplace Housewife 10. Usual occupation... At home 11. Industry or business 12, Name...... 13. Birthplace Elisha Taylor 12. Name.....

Virginia

Hospital Records.

Sarah Clevenger

Washington, Sanitarium

Ivy Hill Cemetery

Penna.

Date thereof Sept. 27,194

(month) (day) (year)

		3	3. (b) Social Security	Number
			TIFICATION .	- /n
20, DATE OF DEATH	Septe	ember	25 19 47	3-
21. I CERTIFY that	death occurred on th	e dale above sta	ated; that I attended deci	eased from All
July		19.47	10 Sept 2	19.7
and that I last saw	h.A.Aalive on.	Sej	125	19
Immediais cause o	depth		Failure	. OURATI
	emai	ues	acuce	
(7)	les to		Endis van	,
Due to	y per 12	eare	Caracia vasa	a c
***************************************		حررو	· · · · · · · · · · · · · · · · · · ·	****************
Due to			***************************************	

Other conditions		***************************************		***************************************
(1	Include pregnancy	within 3 mont	hs of death)	
Major findings of	operations	0.000.000000000000000000000000000000000		
			0ale ot op	
Autopsy results				
PHYSICIAN: Plea	se underline the co	use to which	death should be charged	statistically.
22. VIOLENCE: 1	f death was due to e	xternal causes,	fill in the tollowing;	
Accident, suicide,	or homicide	···········	Date of	
Where did Injury o	City	or town)	(County)	(State)
			1)	
Injured at home, fa	arm, Industry, public	place (where?	J	

SEP 27 1947 BURLAU & B

		2411 N. Cha	rles St., Baltimore 504	001	20
M		CERTIFICA	TE OF DEATH	Reg. Dist. No	216
How long in above place of Hospital, institution, or:	omery esda (rural tiside city or town limi of death? 2 mos street address where de: Hospital,	L) ts, write RURAL and give nearest town) ath occurred: Bethesda, Maryland mos.	City or town Arling ton (If outside city or town limit Street No. 1314 North Har	ts, write RURAL and give not set to the LOCATION)	nearest town)
3. (a) FULL NAME	UM, Marian	Emma		3. (b) Social Securit	y Number
4. Sex female	5. Color or race white	6.(a)Single, married, widowed, or divorced married	MEDICAL C	r 19.47	
	30 33 03	Phil Niekum USN	and thal I last saw h. Rralive on 9- Immediate sause of death Metastatic Carcii	1- 9-1-	19 19 DURATIO
10. Usuat occupation	Housewi f		Oue to	an Delack	
			(Include pregnancy within 8		
Address 1314 17. Buri (Burial, cremotion,	N. Harriso	on St., Arlington, Va.	22. VIOLENCE: If death was due to external condition and accident, suicide, or homicide	which death should be charge auses, fill in the following; Date of	
		merinia a	Injured at home, farm, industry, public place (

PLEASE

Ives Funeral Home

Address 2847 Wilson Blvd., Arlington.

Means of Injury

Registrar Address USNH, Bethesda, Md.

Um. V. MACMURINES VA

Injured at work?

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SEP 9 1947

SUMBAU V S

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

EAR and give town)

3. (b) Social Security Number

	TOAL CERTIFICATION	
2D. DATE OF DEATH	9/10	47, 30
21. I CERTIFY that death occurred	l on the date above stated; that I attended19 4 4 4 , to 9 /- ye on9 /- 9	deceased from
and that I last saw helly	e on	19 -Y-7
Careful	hemomhage	4 day
Due to	lenn +	
Due to	Tuencleon	
Other conditions		

PHYSICIAN Please underline

the cause to which death should be charged statisti-

22. VIOLENCE: If death was due to external causes, fill in the following. Accident, suicide, or homicide

Where did Injury occur?. (City or town) (County)

(Include pregnancy within 8 months of death)

Injured et home, farm, industry, public place (where?) ... Means of Injury Injured at work?

174616 Sr W W Date signed

Major findings:

(State)

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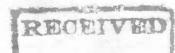
PLEASE

correct age

13. Birthplace

MARGIN RESERVED FOR BINDING

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SEP 13 1947

BURNAT

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore

CERTIFICATE OF DEATH

216 Reg. Diat. No....

/						
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:		
	tgomery			Siate D. C. Couoiy		
City or townBe	thesda (ru	mits, write RURAL and give nearest town)	Siate	oly		
(If	outside city or town li	mits, write RURAL and give nearest town)	Cily or town Washington (If outside city or town limits	write RURAL and give near	rest town)	
How long in above place of dealh? 1 month Hospital, institution, or street address where dealh occurred:			street No. 88 Darrington St			
U. S. Nav	al Hospita	l, Bethesda, Maryland	Street No	LOCATION)	J. W	
How long in hospital o	or Institution?1	month	2.(a) If veteran, name war		/	
3. (a) FULL NAM	IE		The second secon	3. (b) Social Security 1	Number	
PA	NTEL, Marg					
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
female	white	married	20. DATE OF DEATH 6 Septemb	per 19 47	at1:50 K	
e (h) Nome of husbons	or wife Mr. H	erman F. Pantel	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decea	sed from	
b.(o) Hame of husband		6.(c) If alive, give age	8-7-	47 10 9-6-	1947.	
7. Birth date of	l. Mon	ch 1895	and that I last saw h er alive on 9-	-6-	19 47	
deceased (mo., day,	At meri.	UN 1099	Immediate cause of death H. Spatitis	. chronic	DURATION	
8. AGE: Year	rs Months	Days It less than one day	Smilediate Clare of death			
52	6	2hrsmi	n. cholamoitis		S- 144.0	
Pe	nnsylvania		Due to Partial Common	n duct	S MAG	
9. Birthplace	(Town,	county, and state)	7 obstruction	Δ		
10 Itsual occupation.	Hoasewife.			j. A		
			Oue to	······	***********************	
11. industry or busine	Randolph		3	e e e e e e		
	Penna.,	decessed	Other conditions B.vo.n.c.kop.n			
			(Include pregnancy within 3 r	months of death)	uley	
王 14. Maiden name	Rebecca B	unnigan	Major findings of operations Masta			
15. Birthplace	Penna., d	eceased	adhesious and hiliar	4 Nate of on 8/	127/47	
te teterment Hus	Rebecca B Penna., d	rman F. Pantel	adhesions and biling Obstruction = he	patitis		
TO. Intominant			PHYSICIAN: Please noderline the cause to wi	aich death should be charged a	statistically.	
		St, SW, Wash., D. C.	22, VIOLENCE: If death was due to external cau	ises, fill in the following:		
17 Buri	.al	Date thereof	Accident, suicide, or homicide	Date of		
(Burial, crematio	n, or removal, Which?	on National Cemetery	Where did laive necur?			
			Where did Injury occur?			
Location	Arlington,	Virginia	Injured at home, farm, industry, public place (wi			
18 Funeral director	W. W. Cha	mbers Co. Lief	Means of Injury	Injured at work?		
100		SE, Wash., D. C.	Cowens			
		DE, Hastle, ye of	22 SIGNATURE OF CONTENS, I	CDR MC USN		
19 9-6-4		Man Chelottesin				
Date rec'd by r	egistrar)	Registr	Address USNH Bethesda Mc	Late signed	X-0-11	

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2411 N. Charles St., Baltimore

08152

			2	16	í
Reg	Dist	No	6	41	

CERTIFICATE OF DEATH

				1/08. 1.10	
D	ntgomery		2. USUAL RESIDENCE (HOME) (For newhorn infants give residence of Do. Co.	OF DECEASED:	
(If		mits, write RURAL and give nearest town) days death occurred: , Bethesda, Maryland	City or town. Washington (If outside city or town lim Street No. 829 Decatur St	nits, write RURAL and give n	earest town)
How long in hospital of	or institution?	15 days	2.(a) If veteran, name war	ve LOCATION)	V
3. (a) FULL NAM	E	liam Lloyd		3. (b) Social Security	y Number
4. Sex male	5. Color or race	6.(a)Single, married, widowed, or divorced married	MEDICAL (certification	9:10A.I
		ertha M. Pasour 6.(c) If alive, give age 61 year	21. I CERTIFY that death occurred on the date a	above stated; that I attended dec 9.47, to 9-11-	1947
8. AGE: Year 5	s Months	Oays If less than one day Ohrsmin	Hemorloge Cerebr	L	2 hours
1D. Usual occupation	Retired F	olina county, and state) Coliceman of Columbia Police	Due to Ajantering	is ,	auleum
12. Name	John Pasour North Caro	lina, deceased	Other conditions	3 months of (Fath)	1 years
15. Birthplace	North Car	olina, deceased ertha M. Pasour		Date of op	
Address 82' Buria Buria	9 Decatur S al	Date thereol (month) (day) (year)	PHYSICIAN: Please anderline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide	which death should be charge causes, fill in the following; 	d statistically,
Cemetery or crema	tory Arlingto	n National Cemetery	Where did injury occur?(City or town Injured at home, farm, industry, put) c place		
18. Funeral director.	Deal Fune	ral Home W.F.	Means of injury Way in	Injured at work?	
	19.47	1 11 11 1	signature W. A. DINSMO		

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SEP 20 1947

BURRAU T S

2411 N. Charles St., Baltimore

8300

08153

CERTIFICATE OF DEATH

rect age

MARGIN RESERVED FOR BINDING

Por Dist. No. 717

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Mantgamery	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Marylaxa County Mantgam	/
	City or town 50 / C Sylver Sylver Street RURAL and give neare	
How long in above place of death?	(If outside fity or town limits, write RURAL and give near	est town)
Hospital, institution, or street address where death occurred:	Street No.	800000000000000000000000000000000000000
The Montgomery County general Hospital	(If rural, give LOCATION)	
How long in hospital or institution?	. 2.(a) If veteran, name war	
3. (g) FULL NAME	3. (b) Social Security N	umber
Mis. Lillian B. Patti		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH September 1 19.47	17:43PM
MA MP+	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	
8.(b) Name of husband or wife ///: O	September 1.19.47 to Sept.	
	19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
7 Pirth dain of	and that I last saw h. C alive on Sept.	19.5
deceased (mo., day, yr.) Hugust 10, 1893	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Cerebral Hemorrhage	4 hours
54 0 21hrsmir		,
Rockhindae Ca d	Due to Hyperteresian	LO 489.15.
9. Birthplace Rockbridge Co. U.	Due to	/
10. Usual occupation Housewike		
11	Due to	0.00.000.0000.0000000000000000000000000
11. Industry or business Home		
12 Name Joseph Barger	Other conditions	
13. Birthplace Dirginia		
	(Include pregnancy within 3 months of death)	
14. Malden name Eller Fold 15. Birthplace Urginia	Major findings of operations.	
2 15. Birthplace Dirginia	Date of op.	
Mr a M Pattie	Antopsy results.	
10. THE STREET	PHYSICIAN: Please underline the cause to which death should be charged at	tatistically.
Address Saudy Spring, Md.	22. VIOLENCE: tf death was due to external causes, fill in the following:	
Bariel Bate thereof Light 3, 1947	22. VIOLENCE: (I desin was due lo external causes, this in the following.	
(Burial, cremation, or removal, Which)		
Cemetery or crematory Burtonsville Union	Where did injury occur?(City or town) (County)	(State)
0 0- 100 2-1	Injured at home, farm, Industry, public place (where?)	
Location Outrops will in the contract of the c		
18. Funeral director Water E. Pumphney	Meene of Injury trajured at work?	
0.0	20 8 10	,
Address Silver Spring (Mg)	23 SIGNATURE Chastosumbleson	
Sept 3 147 God Judk-Lan	M. D. or	The state of the s
19. (Date rec'll by registrar) Registra	Address Saudy Spring Md Date signed.	7-1-47

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PLEASE WRITE PLAINLY,

9/24/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08154

CERTIFICATE OF DEATH

216

			CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Stale	
			•••••••••••••		
			URAL and give nearest town)		
How long in above place of Hospital, institution, or	of death?	eath occurred	:	1.0 South Wain Street	
II. S. Nava	l Hospital	. Beth	esda. Marvland	(If rural, give LOCATION)	1
How long in hospital or	Institution? 3	mos 25	days	2.(a) If veleran, name war	<u>/</u>
3. (a) FULL NAME				3. (b) Social Security Number	
P	ENN, Alber				
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white		married	20. DATE DF DEATH 19 September 19 47 21 2:1	O P
6.(b) Name of husband or wife Helen Smith Penn				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 5-25- 19 47. 10 9-19- 19 47.	
7. Right date of			e) If alive, give age	and that I last saw h im alive on 9-19- 19	47
deceased (mo., day, yr) 11 Sept			Immediate cause of death Terminal Bronchopneumonia DUR	ATION
8. AGE: Years	Months	Days	If less than one day	2	days
62	Ö	8			
9. Birthplace	Texas			Due to. Cerebral Hemorrhage 3	days
	(Town,	county, and	atate)		
				Due to Carcinoma of Prostate with extensive metastasis	yrs
11. Industry or business	U. S. N	avy		***************************************	ALP
불 12. Name 신성	mes saunde	rs rer	ased	Other conditions	
13. Birthplace	Virginia	, dece	aseu	(Include pregnancy within 3 months of death)	
# 14. Maiden name	Virginia	J. Mi	ller	Major findiogs of operations	
E 15. Birthplace	Virginia	, dece	ased	Date of op.	
14. Maiden name. Virginia J. Miller 15. Birthplace Virginia, deceased 16. Informant. Wife: Mrs. Helen Penn			Penn	Autopsy results. Same as above	
Address JOS	. Main S	Smyr	na. Delaware	PHYSICIAN: Please underline the cause to which death should be charged statistically	
Address 40 S. Main S, Smyrna, Delaware			9 23 47	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial Date thereof 9 23 47 (Burial, cremation, or removal. Which?)				Accident, sulcide, or homicide	,
Cemetery or crematory. Arlington National Cemetery			onal Cemetery	Where did injury occur?	
Location Arlington, Virginia			1	Injured at home, farm, Industry, public place (where?)	
1B. Funeral director	m. Reuben	Pumphr	ey Coll.	Means of Injury Injured at work?	
Address 7557	Wisconsin	Ave.,	Bethesda, Md	3. SIGNATURE COKELY, CAPT MC US N	
9-20	19.47	- 4	ary Charlatte Senite	M. D. or other	1.7
(Date rec'd by res	19.//	5.864	Registrar	Address USNH, Bethesda, Md. Date signed 9-20-	4./

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SEP 25 1947
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08155 Reg. Dist. No. 223

ľ	/ ODRAM TOM	Reg. Dist. No.
1	1. PLACE OF DEATH: County Montgomery Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County Prince Larges Co.
	Cily or town	City or town
ı	How long in above place of death?	Street No. 5.709 - 43 rd JTL
1		(If rural, give LOCATION)
	How long in hospital or instilution?	3. (b) Social Security Number
	Mr. Frank Reterson	
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
İ	Male White Married	20. DATE DE DEATH. 9/16 19 47, 21 3:50 PM
١	6.(b) Namo of husband or wife. Mrs. Mildred M. Peterson	21. I CERTIFY that death occurred on the dale above stated: that t attended doceased from
1	7. Birth date of	and that I last saw h. 3. 4 alive on 18.47.
	deceased (mo., day, yr.) Canuary 3, 1770	Immediate cause of death
	8. AGE: Years Months Days It less than one day 57 8 //hrsmin.	Acute pomerentitis 5 days
	9. Birthplace Silver Lake Wisconsin (Town, county, and state)	Due to
	10. Usual occupation Carpenter	Doc do
	11. Industry or business 2. 5. Navy	00 10
	12. Name Nels Reterson 13. Birthplace Den mark	Other conditions Las topecation gastes externs torrey 13 days
		(Include pregnancy within months of death)
	14. Malden name & Sie Gorgansen 15. Birthplace Den mark	Major findings of operations Dun Grand of fricture due to
	16. Informant Mrs. Theo Machen Peterson	Antonay results.
	Address 5709 - 43 th St. Hyans uille. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Rammal 21 de 19 47	22. VtOLENCE: tf death was due to externat causes, fill in the following: Accident, suicide, or homicide
	(Burial, cremation, or removal. Which?)	Where did injury occur?
	Cemelery or crematory	Injured at home, farm, Industry, public place (where?)
	Location Might be and is Some	Msons of Injury Injured at work?
	18. Funeral director	Brus & Brigaring Mad
	19. Sept 16 1847 / / / / / / / / / / / / / / / / / / /	23. SIGNATURE M. D. or other
	(Date rec'd by registrar) Registrar	Address Wetherda 14 ml Date signed 9/16/49

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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08156

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	IFICATE OF DEATH Reg. Diat. No. 7/4
County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
lty or town Silver Spring (If outside city or town limits, write RURAL and give nea	
	LITY OF TOWN
ow long in above place of death?	OFIL Coden St
8511 Cedar St.,	(If rural, give LOCATION)
fow long in hospitat or institution?	2.(a) If veteran, name war
B. (a) FULL NAME Mary h	ratt 3.(b) Social Security Number none
1. Sex Fe 5. Color presse 6.(a) Single, married, widowed, or widowed	Selde 3 117 1045
	20. DATE OF DEATH.
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	years and that I last saw her alive on Sept 3 18.4.7.
deceased (mo., day, yr.) Sept. 29th 1878	Immediate cause of death / OURATION of
0. 1.02.	myocardus 4 mouth
68 11 4hrs.	min.
9. Birthplace Maryland (Town, county, and atate)	Oue to Hyperfluctory
10. Usual occupation. Retired	Que to.
11. Industry or business	006 (0
12. Name Samuel Turner	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Leizear	(Include pregnancy within a months of death) Major findings of operations.
15. Birthplace Maryland	Major hadings of operations
16 informant Mrs. L. B. Mason	
Address 8511 Cedar St	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following;
	Accident, suicide, or homicide
cemetery oxxxxxx George washington Me	(Control of the cont
Location Riggs Rd. Extended	
16. Funeral director W works & Bumphus	Means of Injury Injured at work?
Address Silver Spring - Maryland	John M. Andrewe Will,
	haeste 23. SIONATURE. M. D. or other
19. (Date ree'd by registrar)	Redistrar Address Dever Syrung Date signed Settl 3-4

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SEP 6 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Registrar

Reg. Dist. No. 216

(If rural, give LOCATION) WW I & II

county Montgomery

Kensington
(If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother)

113 Everett Street

3. (b) Social Security Number

M. D. or other

1			CERTIFICA	ATE OF DEATH
City or lown	omery thesda (de city or town li eath? 1 d et address where Hospita	rural) mits, write l ay death occurre l, Bet	hesda, Maryland	State Mary Land City or town Ke
	Wallace			
4. Sex 5.	Wallace Color or race	6.(a)Sing	ie, married, widowed, or divorced	1
male	white		widowered	2D. DATE OF DEATH
		6.	(c) If allive, give age	21. I CERTIFY that death occ
8. AGE: Years	Months 9	Days 9		Coronau I
10. Usual occupation	U.S. ren S. P	Navy rior arolin	a, deceased	Due to
14. Maiden name 15. Birthplace N	Lena Mc	Gee olina,	deceased	Major findings of operation
16. Informant Niece	e Mrs. verett S	Robert t., Ke	Berry	PHYSICIAN: Please under
(Burial, cremation, or Cemetery or crematory			reof 9 5 47 (month) (day) (year)	Accident, suicide, or homicide
Location Anderson, South Carolina 18. Funeral director Wm. Reuben Pumphrey CA. 7.			Injured at home, farm, Indu Means of Injury	
Address 7557 W	isconsin	Ave.,	Bethesda, Md.	

MEDICAL CERTIFIC	ATION	
D. DATE OF DEATH 5 September	19. 4.7, al .3.	:45A
1. I CERTIFY that death occurred on the date above stated: This		
9-4- 1947 ,10	9-5-	1947
nd that I last saw h . im. alive on 9-5-		19.4.7
nmediate cause of death		DURATION
soonary Thrombonia wil	4	
myotalial infact	ion 10	hour
ue to		
oronary artery scleros	2	year
ue to		/
Generalized arteriorches	2	years
ther conditions	·	<i>.</i>
(Include pregnancy within 3 months of dea		
ajor findings of operations		
	Date of op	
utopsy results. As above HYSICIAN: Please underline the cause to which death sh	uld be charred statisti	celly
		cany.
2. VIOLENCE: If death was due to external causes, fill in the		
coldent, suicide, or homicide		
here did injury occur?(City or town)	County) (Stat	e)
jured at home, farm, Industry, public place (where?)		
	red at work?	

Address USNH, Bethesda, Md. Date signed 9-5-47

MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)

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SEP 13 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) L PLACE OF DEATH: Montgemery
Bethesda (rural) Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Maryland How long in hospital or Institution? 30 days 3. (a) FULL NAME Roger St. George PROCTOR 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex Negro married male 6.(b) Name of husband or wife Edith Proctor 23 April 1894 deceased (mo., day, yr.) Immediate cause of death If less than one day Bronchogenic Carcinoma 8. AGE: 9. Birthplace Maryland (Town, county, and atate) 10. Usual occupation Railroad Foreman 11, Industry or business Baltimore and Ohio Railroad 12. Name Augustus Proctor
Maryland, dec Maryland, deceased 14. Maiden name Georgana Larry
15. Sirthplace Maryland, dece Maryland, deceased pleural cavity and rt. lung note of an 9-16-47 16. Informant Wife: Mrs. Edith Proctor Address Point of Rocks, Maryland Burial (Burial, cremation, or removal, Which?) Dale thereof..... (month) (day) (year) Cemetery or crematory. Colored Cemetery Where did injury occur?(City or town) Location Point of Rocks, Maryland Injured at home, farm, Industry, public place (where?) 18. Funeral director M. R. Etchison Funeral Home Means of Injury

Address 106 East Church S., Frederick, Md

Cily or lown Point of Rocks (If outside city or town limits, write RURAL and give nearest town) Street No. rural (If rural, give LOCATION) 2.(a) If veleran name war..... 3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE DF DEATH 17 September 1947 at 10:35 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 47 10 9-17-

County Frederick

(Include pregnancy within 3 months of death) Major findings of operations Diffuse carcinomatosis of rt.

Terminal Pulmonary Edema

not performed PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, flil in the following:

(County)

Registrar Address USNH, Bethesda, Md.

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information of death clea

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(Date rec'd by registrar)

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9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTITION	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infents give residence of mother) State
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White	20 DATE OF DEATH SEPT 16 19 47 21 9 15 P.
8.(6) Name of husband or wife MY. Tallia Ralando 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) FUG-17-1877	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from Conquest 20. 19. 7. 10. Sept 16. 19. 7. and that I last saw b. E. Y. alive on September 16. 19. 7. Immediate cause of death 6. Attended magazinesis DURATION
8. AGE: Years Months Days If less than one day 70 - Z9hrsmin. 9. Birihplace	Due to La aromany artemisleuris
10. Usual occupation. 1.1.0. 4.5. Class S. C.	Due to
11, todustry or business	
12. Name Cande Pilotti 13. Birthplace Italy 14. Malden name Anna Sterfanacci 15. Birthplace Italy	Other conditions Descent angestive flast failule and Conchepriumonia (Include pregnancy within 3 months of death) Major fiedings of operations.
E 15. Birthplace Traly	Oate of op.
16. Informant Madical Locards Address Washington Santarium + Hosp.	Actorsy results PHYStCIAN: Please coderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
17 Reprova L Date thereof 9-18-1947 (Burial, eremation, or removal, Which?)	Accident, sutcide, or homicide
(Burial, eremation, or removal, Which?) (month) (day) (year) Cemetery or crematory MT OLIVET	Where did Injury occur?
LOCATION ALIQUIPPA. BEAVER CO. PENNA.	tnjured at home, farm, tadustry, public place (where?)
1 Shaw	Means of Injury tnjured at work?
18. Funeral director work of benefit - Address SILVER SPRING - MO.	23. SIGNATURE & harles & Law M. D. or other
19. (Date reg'd by registrar) Registrar	Address 1801 K St 2W. Wash De Sale signed 9-16-

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SEP 22 1947

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2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No. 2/4
1. PLACE OF DEATH: County Flat State Stat	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County Physiquery City or town (If outside gity or flown limits, write RURAL and give nearest town) Street No. 1003 Cummet Avance (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced That white Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. Supt. 7 1847 21 2:45
6.(b) Name of husband or wife	Immediate cause of death Duration Congenital Heart Durine Since One
9. 8irthplace	Due to
13. Birthplace Charpelis, Md. 14. Maiden name Detrorulla Mendel 15. Birthplace Joseph, Indiana 16. Interment This Petrorules M. Rochenberg	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 40031 Swant ave, Sil. Sq. Md. 17. Churil (Burkil, cremation, or removal, Which?) Cemetery or crematory St. Johns Cemetery Location David Means, Md.	Where did injury occur?
18. Funeral director. J. Arthur Walters Address 154 Janver St. Nw. Jakom Park, D. C.	Msans of Injury Injured 21 work? 23. SIGNATURE M. D. or other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and

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9-45-15M

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PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

830

/ VERT	Reg. Diat. No.
1. PLACE OF DEATH: County Maying only	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give neares How long in above place of death? Hospital, institution, of street address where death occurred:	State County City or town (1f outside city or town limits, write RURAL) and give nearest town) Street No. 507 - Slamand (17 rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Lily V. Shed	3. (b) Social Security Number
4. Sei 5. Color or race 6.(a) Single married, widowed, or div	MEDICAL CERTIFICATION 20. DATE DF DEATH. 20. DATE DF DEATH. 21. DATE DF DEATH.
6.(6) Name of husband or wife The Aller State of	21. I CERTIFY that death occurred to the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Vecember 3/1870 8. AGE: Years Months Days If less than one day	and that I last saw h. A. ailve on Slope DURATION DURATION
9. Birthplace McCounty, and state)	Bue to. Cerephal afletio Schoolen
10. Usual occupation	Due to
E 12. Name Dany Bays 13. Birthplace Jenna	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Rangel Down	Major findings of operations
16. Interment Alexander Theche	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Cremation, or removal. Which2) Bate thereof. Sefst. 4. (month) (day	
Cometery or cremetory Africa Constanting	Where did Injury occur?
18. Funeral director Address 300 - 4 Ch. M. E.	Means of Injury Injured at work?
19. Sept 3 194) Josephinen &	has Signature M. D. or other M. D. or other M. D. or other Date signed Sap 2/14

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

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PLEASE



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

	TE OF DEATH Reg. Dist. No. 2/6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Lynda Hicks Sturgis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fercele White Wildowed 6.(b) Name of husband or wife Proceed Strugging 7. Birth date of Section 1.	MEDICAL CERTIFICATION 20. OATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to 19.47. and that I last saw h 7 alive on Jersey 2 6 19.47.
8. AGE: Years Months Days If less than one day	Immediair cause of death Melaslatic OURATION 2 months
9. Birthplace (Town county, and state) 10. Usual occupation 11. Industry or business	Due jo Carina de Colon Due to.
12. Name William H. Hieres 13. Birthplace new your state.	Other conditions
14. Maiden name Sarah Eliz Cannon 15. Birthplace 18. Informant Zana Delen Shugis one	Major findings of operations. College Of the Colleg
Address 17. Cremation 18. (Burial, cremation, or removal, Which?) Address Date thereof. 9/29/47 (month) (day) (year)	
Cemetery or crematory Cedar Hill Cemetery Location Maryland 18. Funeral director Ceulen Jumphrey	Where did Injury occur?
Address 7557 Wisconsin Ave., Bethesda, M 19. 9/27 1947 Mm E Julies Registrar	23. SIGNATURE M. D. or other

OCT 2 1947

2411 N. Charles St., Baltimore

08163

FOR BINDING

ARGIN RESERVED

VS A15

CERTIFICA	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH; County Cou	Street No. 2706 Emmet Road (If rural, give LOCATION)
Javid A-Taylor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wido Ned	MEDICAL CERTIFICATION 20. DATE DF DEATH Sept. 3 10 19 47 at 6 0
8. (b) Name of husband or wife Margaret Taylor Deceased 8. (c) if alive, give age year 7. Birth date of deceased (mo., day, yr.) SUNE 24 1866 8. AGE: Years Months Days II less than one day 8. AGE: Years min	and that I task saw h
9. Birthplace Be advay Virainia (Town, county, and atate) 10. Usual occupation. 11. Industry or business 12. Structure Office	Due to anterioralisis quilipal well. Due to anterioralisis quilipal well.
E 12. Name Caul Tay OR 13. Birthplace Broadway Va- E 14. Maiden name Mary Burkholder	Other conditions
14. Maiden name Mary Blakholder 15. Birthplace Penn- 16. Informant afford A. Tay la	Major fiadiags of operations. Date of op.
Address 11. Bureal (Burial, cremation, or removal, Which?) Date thereof. Sight 7 / 9 4 7 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Location Local Florida Horses	Where did injury occur?
Address 4812 La Que De Wi	23 SIGNATURE Lamal alle. 75

SEP 8 1947

BUNEAT

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()8164 Reg. Diat. No. 714

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County management	state ma. county montasmery
City or town	City or town Silver Slunge of
How long in above place of death?	(If outside city or town limits, write RURAL indigive negget town)
nospital, institution, or street aggress where death occurred.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KATHRYN EALY T	AYLOR
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
- W MARRIED	20. DATE OF DEATH September 27 1947 , 14:30P
6.(b) Name of husband or wife Henry 9 Daylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept. 27 1947 10 Sept. 27 194/
7. Birth date of OV. VOV. 1901	and that I last saw h. C. Y. alive on Sept. 27
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediaigranse of death DURATION
43 4 290hrsmin.	Jenniac zy carcina in
Olaro	Que to Carcinoma left breact 4 yr
9. Birthplace	
1D. Usual occupation.	Bue to Carona rich breach 3 yrs
11. Industry or business	
12. Name Cloud L. Salt 13. Birthplace	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name AMELIA EALY 15. Birthplace	Major findings of operations Laft breastremoved 1943
2 15. Birthplace	Rol breast removed 1944 Date of op.
16. Informant / Lewy Saylon	Antapsy results
Address 9910 merwood have	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Chesarthysis Date thereof Alest 27 /947	22. VtOLENCE: It death was due to external causes, till in the following:
(Buria cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)
Location Washington 20 6.	Injured at home, farm, Industry, public place (where?)
18. Funeral director WM Trees Alms Co.	Means of Injury Injured at work?
Address 300 404 87. 11. 6	trank (Back h. 1)
Sect 22 112 Soul De 41 alle	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 248 Ja. Com Date pigned 9-27-4
	siver foring, hed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Inbot is especially important. Physicians: please write the causes of death clearly and legibly IARGIN RESERVED FOR BINDING

PLEASE

I was called in to see

mis. Kathryn Taylor in

an emergency becoure

her physician hlr. Richard

B. Phillips was out of town

trank a. Back h.D.

RECEIVO SEP 30 1947 BUBLAU &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Month 9. 1 May 10	State Max 414 Land County Man 200 gamax 4
City or town AAL and City or town limits, write RURAL and give nearest town)	
How long In above place of death? LL days	City or town S. 11 Y Y
Hospital, institution, or street address where death accurred: Washing ton Samix arim and Hospital	Street No. 9228 Wood land Drive
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) if yeteran name war
3. (a) FULL NAME	
	3. (b) Social Security Number 218-20-0554
4. Sex 5. Color or rice 5.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH September 10 1947 213 13/a.
8. (b) Name of husband or wife Mr. george Maxwell Thomas	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
9228 Woodland Ave. B.(c) it alive, give age 47 years	8/ γ 7 19. 7 10 9/10 19 4 and that I last saw h alive on 999 19
T. Birth date of deceased (mo., day, yr.) Feb #-14- 1901	and that I last saw h
8. AGE: Years Months Days if less than one day	Immediate cause of deathy
46 6 26 hrs. min.	Total Media For
Deliat of Calmahia	- New L. D.T.
S. Birthplace District of Columbia. (Total, county, and state)	Due to.
1D. Usual occupation Clerical	Due to
11. Industry or business Johns Hopkins Research	000 10
m //	Dther conditions.
12. Name Dauglas Spencer 13. Birthplace Mary land	12-3
\$ 14. Maiden name Regina maria Walter	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of (6)
18. Informant Mr. george m. Thomas	Autopsy results
Address 9228 Woodland Dr Silver Springs	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
11 Burlal, eremation, or removal, Which Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MALINGTON NATIONAL	Where did injury occur? (City or town) (County) (State)
Location ARLYGTON CO. MRGANA.	Injured at home, farm, Industry, public place (where?)
	Meens of Injury Injured at work?
18. Funeral director Attack College Completely	60 40 0 0 0
Address SILVER SPRING- TON	23. SIGNATURE CA A HOLE CM D
108 est-11-1947 Att/MB/CELL	50 Undervol Dn W.D. or other
(Date rec'd by registrar) Registrar	Address Bate signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

VS A15

SEP 15 1947

MARGIN RESERVED FOR BINDING

kt age

WRITE PLAINLY, is especially PLEASE A15 SA

Address Bethesda

9// 2 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08166

CERTIFICATE O)F	DEATH
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		CERTIFICAT	E OF DEATH	Reg. Dist. No.	
ow long in above pta ospital, institution,	hesda foutside city or town li ce of death? 12 h or street address where	mits, write RURAL and give nearest town) 10Urs 29 minutes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Bethesda (If outside city or town fimits, write RURAL and give nearest Street No.4617 West Virginia Avenue (If rurat, give LOCATION) 2.(a) If veteran, name war None		
(a) FUUL NAM	ME INFANT	-BOY VAN STADEN	Outran	3. (b) Social Security None	umber
. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Single	20. DATE OF DEATH September	11	.3:00P.
. AGE: Yea	yr.) Septemb rs Months O ethesda, None	S.(c) falive, give age	and that I last saw hely alive on	Sefet 11	
12. Name Geo	rge A. Va		Other conditions Zury		
14. Maiden name	Englewood	. Hodnett	(Include pregnancy within	me	
Address Bet		Maryland Date thereof Sept. 12, 1947 (month) (day) (year)	PHYSICIAN: Please ouderline the cause to 22. VIOLENCE: If death was due to externa Accident, suicide, or homicide	o which death should be charged stall causes, fill in the following:	ntistically,
Cemetery or crema	torySt. Mary	vs Catholic Cemetery	Whers did Injury occur?	\	

Registrar

14. Maryland

Address Rockville, Maryland Date signe 9/12/47

SEP 19 1947
BUREAU # 8

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

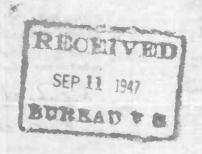
CERTIFICATE OF DEATH

214

08167

//					
1. PLACE OF DE	EATH: Mon	t gome:	rv	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	THE STATE
City or lown Rural - Silver Spring Md. (If outside city or town limits, write RURAL and give nearest town)				State Virginia County	
114	outside city or town lin	mits, write R	URAL and give nearest town)	City or town Herbert Springs, Alexand (If outside city or town limits, write RURAL and give nearest	ria
How long in above plac	e of death? 6/1	1/4		(If outside city or town limits, write RURAL and give nearest	town)
				Street No	
***************************************	roft Sani			(If rurel, give LOCATION)	/
How long in hospital o	or Institution?6/	17/47	—	2.(a) If veteran, name war	V
3. (a) FULL NAM				3. (b) Social Security Nur	mber
,	MARY	(CRA	PO) WAINWRIGHT		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	white		Widowed	C ho	10
Tomato		1		20. DATE DE DEATH PLANT 9 19.47 at	11-1
	Leon	ard W	ainwright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	
B.(b) Name of husband	or wite	000000000000000000000000000000000000000		JAMALL 17 - 1947 10 p Sift 9	1946.5
			c) It alive, give ageyear	and that I last saw h. L. alive on	
7. Birth date of deceased (mo., day,	w) Oct	ober	30, 1878 (?)		
8. AGE: Year		Days	It less than one day	Immediate cause of death	DURATION
68	10	9		Listral MEMONE age	10 day
00	10		min		
	Wankegan	. T11	inois	Due to Esseval asteriorcherosis	7
9. 8irthplace	Waukegan	county, and	tate)	Due 10	***************************************
	hougow			***************************************	
1D. Usual occupation.				Due 10	
11. Industry or busine	88				
X	C	rapo			2
물 12. Name				Other conditions	
12. Name		known		(Iuclude pregnancy within 8 months of death)	
E	Mary	(unkn	own)		
돈 14. Maiden name		11		Major findings of operations	
2 15. Birthplace				Date of op	,
M	rs. Richa	rd Dw	8.5		
				Antopsy results	istically.
Address	Herbert S	pring	s, Va.		,-
0.	- Wanteya	u del	9-10-47	22. VIOLENCE: It death was due to external causes, till in the toliowing;	
17 June	n, or removal, Which?)	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
(Durial, crematio	and ale				
Cemetery or cremat	tory duy	-5-6	many n	Where did injury occur?	tate)
	Manks	2 704	m USS.	Injured at home, tarm, Industry, public place (where?)	
Location	A A A	2/	0 1		
18. Funeral director	Jas.	1 vai	vers son	Means of injury Injured at work?	
Address	1756	P	ave 2,711	P. D. L. A. T. D. 1	2
Address	115	1 5	1	23. SIGHATURE I LEMANO J. Hubadland	
distant		Queal.	: In beliefter	On up Co chack M. D. oro	whet /
19	19. Y. 7.	- Jan	D Loistra	Address Pot assert Jack Select S. Bate signed !!	0-4-

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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U	0	J.	U	0		
					- 1	

CERTIFICATE OF DEATH

2.	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sta	Maryland County Montgomery
City	or town Boyds, Maryland (If outside city or town limits, write RURAL and give nesreat town)
Str	eet No
	None

3. (a) FULL NAME			1,475
	WATKINS,	Mary	Eliza
A Say	5. Color or race	6.(a)Single, marr	ed, widowed, or divorced

White

Hospital, Institution, or street address where death occurred:

Female

3. (b) Social Security Number None MEDICAL CERTIFICATION

LOMALO	***************************************			
6.(b) Name of husband			Watkins (c) If alive, give age	years
7. Birth date of deceased (mo., day, y	Santa		20, 1861	······································
8. AGE: Years	Months		If less than one day	
9. Birthplace Mon		Count	cy, Maryla	and
1D. Usual occupation	Housewi	fe		•••••
11. Industry or business E 12. Name Cul	rlight G	reen	unta Man	wl and

Boyds, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Widowed

20. DATE OF DEATH DEPOCHIDET 24, 19.4.	
21. I CERTIFY that death occurred on the date above stated: that I attended decea	3ed from 7.419.4.7
and that I last saw h. E.R. alive on Standard 3. Immediate cause of death Interior Believe the Carrier Vascular disease	DURATION 15 years
Due to	
Due to	***************************************
Other conditions	

		1011	mial		C	127/17	
Ac	dress			Marylar	nd	11	
		0000		lobert G			
1	5. Bir	thplace	fro I	ohent C	20.00		
			Unki	nown			
1	4. Ma	iden nam	Un	known			
					County,	Marylan	Q

Date thereof.

rn	ISICIAN: PI	ease	noderno	e tue	CHOSE IC	Waica	dentu	Monia	ме
22.	VIOLENCE:	If de	eath was	due to	external	causes,	fill In	the foil	o wi

(Include pregnancy within 3 months of death)

	Rockville Union Cemetery
l	Rockville, Maryland
	18. Funeral director W Meller Jessen Phrey
ı	Address 7557 Wisconsin Avenue, Bethes@a
	10 Sept. 27 10 47 Chusa & Corke
ŀ	(Date rec'd by registrar) Registrar

Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

Md.

Registrar

SEP 29 1947

BURRAD . 8 .

2411 N. Charles St., Baltimore

08169

CERTIFICATE OF DEATH

g. Dist. No. 2/6

	2108. 2101. 1101	***************************************
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: "(For newborn infants give resilience of mother)	
county MATATGOMENY	State Mary and County Montann	18.511
(If outside city or town limits, write KO ML and give nearest town)	2016-1	
How long in above place of death? 9 years	City or town (If outside city or town limits, write RURAL and give neares	town)
Hospital, Institution, or street address where death occurred:	Street No. 5614 Henwood Rd	_
Dubu rogn Augrieu	None (Ifrural, give LOCATION)	
How long in hospital or institution?	2.(a) 11 veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Nur	mber
TNilliam K. Watt	None	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION	
male white married	20. DATE DE DEATH Sest- 164 19 47 at	403
mottie E. Watt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
B.(b) Name of husband or wife	13 Safet - 19 47 10 /6 Style.	19.47
7. Birth date of Sirth date of	and that I last saw h. ## alive on	1947
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Modths Days It less than one day	Cardine Farture	me men
7hrsmin.		
9. Birthplace Co Caxx Iowa	Due to the Favor - torin - cause	4 days
(lown, county, and attate)	Esset oletumins.	
10. Usual occupation Office Oxecutive	Due to	
11. Industry or business L. S. Soot.		*
12. Name C'W Watt	Dther conditions	
13. Birthplace Colfox Iowa		
	(Include pregnancy within 3 months of death)	
14. Maiden name. Ndra tales 15. Birthplace Colfax Towa	Major findings of operations	,
El 15. Birthplace COLTOX	Date of op.	
16. Informant Dettie E. Wats (W)	Autopay results	tistically.
Address Same		notice uy.
Burial -Transit Date thereo1 Sppt 18 1947. (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) (month) (day) (year)	RECIDENT, SAICHEL, OF HOMESEC	*************************
Cemetery or crematory. Newton, Cemetery	Whers did Injury occur?	State)
Newton, Iowa	Injured at home, 1arm, Industry, public place (where?)	
We want	Mssns of injury Injured at work?	
	01 0 0 10 0	
Address Bethesda, Maryland	23. SIGNATURE Ochon Is. Bell M.D.	!
10. 9/17 1047 7m & Jobes	M. D. or o	ther B. 1-11-
(Date red d by registrar) Registrar	Address 7938 Stewage Town Roll Beth. Tate signed 16	477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legibles.

MARGIN RESERVED FOR BINDING

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- HOUSE

WRITE

PLEASE 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



()817() Reg. Dist. No. 216

CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH: tgomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)				
Be	thesda (r	ural)		State D. C. County				
(If o	outside city or town l	imits, write R	URAL and give nearest town)	City or town Washington	1			
How long in above place	of death?20) days				earest town)		
Hospital, Institution, or	street address where	death occurred	t:	Street No. 812 East Capit	tol Street			
U. D. Nava	ar nosprea.	r, De or	nesda, Maryland	(If ruro	I, give LOCATION)	/		
How long in hospital or	r institution?	20 days		2.(a) it veteran, name war	WW. T	V		
3. (a) FULL NAM					3. (b) Social Security	Number		
	WEISS.	Edward	Alfred			10		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICA	L CERTIFICATION			
male white				25 Se	eptember 19 4'	7 7.55 1		
	111200		single	-v. DAIL DI DENTITIONI				
				21. I CERTIFY that death occurred on the d	19 47 10 9-25-	19.47		
7. Birth date of			c) If alive, give ageyears	and that I last saw h im alive on	9-25-	19.47		
deceased (mo., day,)	yr.) 17 A]	pril 18	376	Immediate cause of death UREMIA				
8. AGE: Years	Months	Days	If less than one day	Ammediate Clast of State		2 Was		
71	1 5	8	hrsmin.					
	Washington	1. D. C		Due to HYDRONEPHROSIS	RIGHT AND	7		
9. Birthpiace	(Town,	eounty, and	state)	PYONEPHROSIS LEFT				
1D. Usual occupation	Retire	3				?		
				Due to EXTENSIVE CARCINOMA OF URINARY BLADDER WITH MESTATASES TO REGINOAL				
11. Industry or busines				***************************************				
F				NODES FIBRINOUS PERIO	ADDITATE	?		
13. Birthplace	Germany,			ARTERTOSCIEROSTS n 3 months of death)				
H 14. Maiden name.	Marie	?????		Major findings of operationsNOOPERATIONS				
14. Maiden name.	Germany	. decea	sed					
M - 6	3/4-	A 2	D- al-	Autopsy results CARCINOMA URINARY BLADDER				
			Beck	PHYSICIAN: Please noderline the caus	e to which death should be charge	d statistically.		
Address 812	East Capi		Wash, D. C.	22. VIOLENCE: it death was due to exte				
II. Bur	ial n, or removal. Which	Date ther	eol 5 f 29 194. (m/nth) (day) (year)	Accident, suicide, or homicide				
			onal Cemetery	Where did injury occur?(City or				
Location A1	rlington,	Virgini	a	injured at home, tarm, industry, public n				
18. Funeral director	Lee Funer	al Home	17. Em	Means of injury	finitived at work?			
Address 4th	& Mass, NE	, Wash:	ington, D. C.	T. N. CHILI	TER, LTJG MC USI	i i		
9.76	19 47	dino	Los Cherilatta Siii					
19.	197./	me	Registrar	USNH, Bethesda	a, Maryland Date signe	9-26-47		

SEP 30 1947

BURLAU # &

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. A is especially important. Physicians: please write the causes of death clearly and leg WRITE PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08171

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Thortgomery Co.	(For newborn infants give residence of mother)		
City or town. Bettesda TAATHATA. (If outside city or town limits, write RURAL and give nearest town)	State County D. C		
How long in above place of death? 5 man 11	City or town	st town)	
Hospital, Institution, or street address where death occurred: SUDUY DAY HOSF	Street No. 466 F ST. S. W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8600 Old George Lowlin Rd. Belthesda Mil	(If rursl, give LOCATION)	/	
How long in hospital or Institution? 5 m. Multes	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security N	umber	
Charles C. Weitzel			
4. Sex 5. Color or race 6.(a)Single, married, widewed, or divorced	MEDICAL CERTIFICATION	00	
MAREW	2D. DATE OF DEATH. 9- 17. 19.47.,	and the second	
6. (b) Name of husband or wife Mrs Lais Weitzel	21. I CERTIFY that death occurred on the date above stated: that I attended decease		
4 /	Dell 2 19 19	19	
7. Birth date of	and that I ksy saw halive on	19	
deceased (mo., day, yr.) OCT 23, 1907	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day			
39 39 10hrsmin.	Coronery occhion		
9. Birthplace. Wash No to W. D. C. (Town, country, and state)	Due to	- Leading	
1D. Usual occupation Fire 122			
11. Industry or business Fireman	Due to		
	Other conditions		
12. Name Charles C Weltzel 13. Birthplace (Joshine ton. D.C.			
	(Include pregnancy within 3 months of death)		
14. Maiden name Erace Hopkins 15. Birthplace Wash. No TON, D.C.	Major findings of operations		
my bair lile ital			
101 1111	Antopsy results	atistically.	
Address 486 F ST S.W. Washington,	22. VtOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, of removal, Which?) Date thereof (month) (liay) (year)	Accident, suicide, or homicide		
Cemetery or crematory Prospect Hell	Where did Injury occur?	(State)	
Location Washington D.C.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Koll a. Mollingly	Means of Injury tnjured at work?		
Address 131 11 th St. S. E. Wash. W.	they find		
19. 9/47 Im E Jobes (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Danishershop Mail Bate signed		
(Date to a system)		-	

SEP 19 1947

BUREATICS

2411 N. Charles St., Battimore

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08172

CERTI	FICA	TE	OF	DEA	TH

216

1			CERTIFICA	E OI BENIII	Reg. L	Jiat. No	****************
1. PLACE OF DE.	ATH:			2. USUAL RESIDENCE (H	OME) OF DECEASED	:	
City or fown	ethesda (routside city or town of death?	ural) ^{Himits, write F} 2 days	URAL and give nearest town)	State D. C. City or town Washing	County	L and give neare	est town)
U.S. Nava	al Hospita	1, Beth 12 days	esda, Maryland		(If rural, give LOCATION)	***********************	
3. (a) FULL NAM					3. (b) Soci	ial Security No	umber
4. Sex	5. Color or race		e, married, widowed, or divorced	MEI	DICAL CERTIFICA	TION	
male	Negro		single	20. DATE DF DEATH	September	19.47	2:51 P
6.(b) Name of husband T. Birth date of deceased (mg. day.)		6.(c) If alive, give ageyears	21. I CERTIFY that death occurred 9-15- and that t last saw h im alive Immediate cause of death	9-27-	-27-	19. 47 19. 47
8. AGE: Years		Days 3	tt less than one dayhrsmin.	with Myocard	Ival Infarction		2 WEEK
9. Birthplace	Retire		state)	Due to	ARTERIOSCLE	205/5	
El Ch				Dither conditions ARTERIC	DLONEPHROSEL	EROSIS!	
F			C., deceased	CANTGESTUSE	HEART FAIL	URE	
13. Birthplace				W	HEART FAIL aney within 3 months of death)	
LOW 15 Birtheless	Washingto	n. D. (deceased	Major fiediogs of operations			1
16. Interment Auni	t: Mrs. S	usie B.	., deceased Harris	Autopsy results. NOT GRANTED BY NEXT OF KIN PHYSICIAN: Please woderline the cause to which death should he charged statistically.			
	L St., SW		ngton, D. C. eof. O 2 47 (month) (day) (year)	22. VIOLENCE: tf death was due Accident, sulcide, or homicide	e to external causes, till in the fo	ollowing;	
Cemetery or cremat	ory Arling	ton Nat	tional Cemetery	Where did injury occur?	City or town) (Cor	enty) ((State)
			news /bu	tnjured at home, farm, Industry, p	_	d at work?	
			nington, D.C.	J. B. B. B	RYAN, LTJG MC		
19. 4-27 (Date rec'd by re	egistrar)	Mula	ry Charloll Sul. Registrar	Address USNH, Bethe	sda, Maryland	M. D. or Date signed	-27-47

information carefully. The correct age of death clearly and legibly. RESERVED FOR BINDING ADING INK. Supply every item of Physicians: please write the causes MARGIN PLAINLY, WITH UNF is especially important.

VS A15 9.45.15M

OCT 2 1947

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BUREAU + S

Registrar Address USNH, Bethesda, Maryland Date signed

CERTIFICATE OF DEATH Reg. Dist. No. 216 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Montgomery Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town Washington How long in above place of death? 1 mo 18 days information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 903 M Street. Northwest U. S. Naval Hospital, Bethesda, Maryland (If rural, give LOCATION) How long in hospital or institution? 1 mo, 18 days 3. (a) FULL NAME 3. (b) Social Security Number (nmi) William WILKINS. 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION causes male Col married BINDING 20. DATE OF DEATH 24 September 19 47 at 4:05 Am 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wite Mrs. Almira Wilkins and that I last saw h im alive on 9-24-12 June 1892 deceased (mo., day, yr.) If less than one day Davs 8. AGE: Years RESERVED 55 12 North Carolina (Town, county, and state) MARGIN 11. todustry or business Clarendon Cafe, Clarendon, Va. 12 Name James Wilkins 13. Birtholace North Carolina, deceased (Include pregnancy within 3 months of death) 14. Malden name Ginnie Smrt.

15. Birthplace North Carolina 14. Malden name Ginnie Smith Major findings of operations..... 16 Jaformant Wife: Mrs. Almira Wilkins PHYSICIAN: Please underline the cause to which death should he charged statistically. Address 903 M St., NW. Washington, D. C. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof......9 17. Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Cemetery or crematory Arlington National Cemetery Where did Injury occur?(City or town) Location Arlington, Virginia Injured at home, farm, Industry, public place (where?) Red at work? 18, Funeral director W. Ernest Jarvis Q. S. 18 Address 1432 U St., NW. Washington, D. C.

(Date rec'd by registrar)

SEP 30 1947

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2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

216

		CERTIFICAT	E OF DEATH	Reg. Diat. No.
1. PLACE OF D	EATH: gomery		2. USUAL RESIDENCE (HOME) OF I	
T.	athasda (x	ural)	State D. C. County	***************************************
Unw long in above pla	outside city or town	limits, write RURAL and give nearest town)	City or town Washington (If outside city or town limits, w	vrite RURAL and give nearest town)
Hospital, Institution, U. S. Nav	or street address where	death occurred:	Street No. 1307 Lindton Con (If rural, give Lo 2.(a) It veteran name war. WW I	CATIÓN)
now long in nospitat	or institution:		21(2)	0 (1) 0 . 10
3. (a) FULL NA!	VILLIAMS,	Ernest (nat)		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CER	TIFICATION
male	Negro	single	20. DATE OF DEATH. 21 September	r 19 47 at 12 k10
	all as with		21. I CERTIFY that death occurred on the date above	stated: that I attended deceased from
b.(0) Name of husbar			9-12-	47 to 9-21-
7. Birth date of			and that I last saw h	-21- 19 4 (
deceased (mo., da)	1, yr.) 4 NOV	ember 1899	Immediate cause of death Diffus	mulian DURATION
8. AGE: Yes	are Monthe	Days If less than one day	tuber gulosia mi	volving)
			heart lungs, splen	1 /caney
9 Birthnlace Wa	shington,	D. C.	Due to 9 me charter a	nodes. y
	(Towl	n, county, and state)		
10. Usual occupation	unknown		Due to	
11. Industry or busin		known		
		ams	May marker Throm tosis	les
F		i, deceased	there on the Drew	
13. Birthplace			(Include pregnancy within 3 mor	nths of death)
14. Maiden nam 15. Birthplace	Rose Pi	nkington	Major fisdings of operations	
TO Bink sleep		m, deceased		
16. Informant F'I	nend: Mrs	. Emma Ashton	Antopsy results	death should be charged statistically.
Address 130	7 Lindton	Ct., NE. Washington, D.		
		4 45	22. VIOLENCE: It death was due to external causes	
17. Burial, cremati	al on, or removal. Which	Date thereot (month) (day) (year)	Accident, eulcide, or homicide	Date of
Cemetery or crem	atory Arlingt	on National Cemetery	Where did injury occur?(City or town)	
Location Ar	lington, V	irginia	Injured at home, farm, Industry, public place (when	e?)
		Bush E.T. M	Means of injury	Injured at work?
		, Washington, D. C.	S.F. KAUFMAN,	LTJG MCR USNR
19. 9-27 (Date rec'd by	registrar)	Quary Charlott Sur	Address USNH, Bethesda, Md	M. D. or other Date signed 9-22-47

MARGIN RESERVED FOR BINDING

PLAINLY, WHTH UNFADING INK. Supply every item of information carefully. A is especially important. Physicians: please write the causes of death clearly and legisters. LAVS A15 9.45.15M

SEP 29 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	mr		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)			
County Montgomes	rde (mine)		State D. C. County			
City or town De Ulles	ity or town limits, write l	RURAL and give nearest town)				
How long in above place of death	, 2 days		City or town Washington (If outside city or town limits, write RURAL and give ne	arest town)		
Hospital, Institution, or street a	address where death occurre	d:	street No. 416 Warner Street, Northwest			
		esda, Maryland	(If rural, give LOCÁTION) WW I			
How long in hospital or institut	ion? 2 days	***************************************	2.(a) If veteran, name war			
3. (a) FULL NAME			3. (b) Social Security	Number		
YOU	NG, Fred (nmi					
	or or race 6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	white	married	20. DATE OF DEATH 29 September 19 47	. 3:40 P		
6.(b) Name of husband or wife.	Mrs. Hilda	P. Young	21. I CERTIFY that death occurred on the date above stated; that I attended decided 9-27-			
	6.1	(c) If alive, give age52 years	and that I last saw h im alive on 9-29-			
7. Birth date of	7 May 1896					
deceased (mo., day, yr.) 8. AGE: Years	Months Days	If less than one day	Immediate cause of leath.	DURATION		
51 to	4 22	hrsmin.	charolie Mert Failure	6 mo		
9. BirthplaceMa	ine		Due to			
9. Biringiace	(Town, county, and		Hypertension (clinical)			
1D. Usual occupationS	torekeeper		Rus de			
11. Industry or business	ivil Service		9UE 10			
	Young		Other conditions			
	Maine					
	uth Willis		(Include pregnancy within 3 months of death)			
14. Malden name	ssachusetts		Major findings of operations.			
≥ 15. Birthplace		77	Date of op.			
16. Informant Wife:			Autopsy results. Same Co. Autopsy results. Same to which death should be charged statistically.			
Address 416 Warn	er St., NW,	Washington, D. C.		otationically.		
		reof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
		ional Cemetery	Where did Injury occur?	(State)		
Location Arlingt	on, Virginia		Injured at home, farm, Industry, public place (where?)	\		
		ome XI/C	Means of Injury Injured at work?	>		
25) Cann	oll St. NW	Washington, D. C.	N. I. L Sleveus	7.		
			23. SIGNATURE H. L. C. STEVENS, JR., JR.	JG MC USNI		
19 9-30	1947 Year	Charlotte Swith	IISNU Bethesda Marvland			
(Date rec'd by registrar))	Registrar	Address Date signed			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimoru

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Rug, Diat, No. 216

CERTIFICATE OF DEATH

1. PLACE OF D	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
County Mont	gomery	7.\			
City or townBe	thesda [ru	iral) limits, write RURAL and give nearest town)			
(11	22	days	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, institution, (or street address where	e death occurred:			
U. S. Nav	al Hospita	1, Bethesda, Maryland	Street No		
	or institution?2	2 days	2.(a) It veteran, name war.		
3. (a) FULL NAM		24	3. (b) Social Security Number		
(0.000)		R, Elizabeth Susan			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
famale	white	widowed	20. DATE OF DEATH. 18 September 19 47 210:22 P		
6.(b) Name of husban	d or wite		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Sec.		8-27- 19 47 10 9-18- 19 47		
7. Birth date of	6 Dag	ember 1876	and that I last saw h. e.r. alive on 9-18-		
deceased (mo., day	. 31.7	Days If less than one day	Immediate cause of deathConcerns		
8. AGE: Yea			of Hapatic Duto 3 mo.		
7	0 9	13min.	with believe obstruction,		
0.0.0.1	Pennsylvan	ri a	Due lo		
8. Birinpiace	(Town	ia, county, and state)			
10. Usual occupation	Honsew	ife			
			Due to		
11. Industry or busing		ou ah	Oller Blende week		
뿐 12. Name 보이	renzo B. G	deceased	Other conditions		
13. Birthplace	Maryland,	deceased	Synthem & Cholangilis & Biling		
Maiden nam	Mary A.	Dill			
6	Danna	deceased	Major findiogs of operations a desce covernona of		
≥ 15. Birthplace	Penna.,	ueceaseu	Hepatic Duts Date of op. 9/10/47		
16. Informant Da	ughter: M	rs. Rosa Bond	Autopsy result admocorcumen a of Bile Obet Office		
Address	Olney, Ma	ryland	PHYSICIAN: Please underline the cause to which deat should be charged statistically.		
			22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial crematic	ion on, or removat. Which	Date thereof	Accident, suicide, or homicide		
		ill Crematory	Whera did injury occur? (City or town) (County) (State)		
LOCATION	dar Hill,		Injured at home, farm, Industry, public place (where?)		
		mbers Co. 14.K.	Means of injury Injured at work?		
Address 517	11th St.,	SE, Washington, D. C.	SIGNATURE J. C. OWENS, LCDR MC USN		
0 10	. (67	Grand Charlette Vin	M. D. or other		
19 7 - / 7	19.47	ucary vicusion selli	Address USNH, Bethesda, Md. Date aigned 9-19-147		

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